



THE NEW JERSEY WORKABILITY EVALUATION

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TABLE OF CONTENTS

TABLE OF CONTENTS..... i

ACKNOWLEDGEMENTS..... ii

EXECUTIVE SUMMARY..... iii

CHAPTER ONE: INTRODUCTION..... 1

CHAPTER TWO: AN OVERVIEW OF NEW JERSEY WORKABILITY..... 4

CHAPTER THREE: STUDY METHODOLOGY..... 11

CHAPTER FOUR: SAMPLE CHARACTERISTICS AND POPULATION COMPARISONS 21

CHAPTER FIVE: PROGRAM ENROLLMENT AND EXPERIENCE..... 37

CHAPTER SIX: EMPLOYMENT..... 55

CHAPTER SEVEN: EARNINGS..... 79

CHAPTER EIGHT: EMPLOYMENT SUPPORTS, ACCOMMODATIONS, & SELF-SUFFICIENCY..... 92

CHAPTER NINE: OTHER BENEFITS AND HEALTH COVERAGE ISSUES..... 100

CHAPTER TEN: SUMMARY OF FINDINGS AND RECOMMENDATIONS 113

APPENDIX A: NJ WORKABILITY TELEPHONE QUESTIONNAIRE 121

APPENDIX B: FOCUS GROUP GUIDE..... 138

APPENDIX C: CONFIDENCE INTERVALS..... 140

APPENDIX D: TECHNICAL NOTE ON CONTINGENT VALUATION METHODS 141

APPENDIX E: REFERENCES..... 143

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EXECUTIVE SUMMARY

NJ WORKABILITY EVALUATION

Our evaluation of the NJ WorkAbility program involved data from many sources: a survey of current and former enrollees; administrative data from an enrollment database, Medicaid records, and state wage records; focus groups; state-level data from the Current Population Survey (CPS); and informal interviews with county and state officials. Using this methodology, we addressed the following objectives:

- To describe the characteristics of current and former enrollees in NJ WorkAbility;
- To evaluate employment variables and earnings trends among NJ WorkAbility enrollees; and
- To answer specific policy questions regarding additional barriers to employment and willingness to pay for Medicaid coverage provided under NJ WorkAbility.

The following is a brief review of our findings and recommendations.

EVALUATION FINDINGS

PROGRAM IMPLEMENTATION

New Jersey was successful in attracting one of its targeted populations, SSDI beneficiaries, into NJ WorkAbility. More than seven out of ten (72%) survey respondents were SSDI recipients.

New Jersey was also successful in extending Medicaid coverage to many working age persons with disabilities in New Jersey. Almost one half of the survey respondents (46%) were not enrolled in Medicaid prior to their enrollment in NJ WorkAbility.

Survey respondents and focus group participants, for the most part, experienced little difficulty enrolling in NJ WorkAbility, and their program experiences (such as ease of enrollment and use of the program hotline) were generally positive. Early program difficulties involving insufficient knowledge about the program among Medicaid case workers appear to have been addressed and largely resolved.

Focus group respondents voiced the need for continued outreach to raise awareness about NJ WorkAbility within the working age disability community. Special efforts may be needed to reach persons with disabilities who do not receive cash benefits, as well as potential program eligibles in the Hispanic community.

Few individuals cycle on and off the program. Once off, former enrollees generally stay off.

EMPLOYMENT AND EARNINGS

Almost three out of four (73%) NJ WorkAbility survey respondents were employed. Of those employed, most respondents (82%) worked part-time, averaging 21 hours per week. Only one out of eight respondents held a full-time job. Survey respondents were less likely to be employed compared to the general working age population in New Jersey, but more likely to be working, compared to New Jersey's working age disability population or to the non-TANF Medicaid population in New Jersey.

NJ WorkAbility survey respondents who were working were clustered in lower-wage jobs. They worked primarily in four major occupations (service, sales, office and administration, and professional occupations) and were over-represented in the sales and service occupations, compared to the general working-age population, and underrepresented in management and professional jobs. More than three out of four (76%) NJ WorkAbility respondents were employed in the following four industries: wholesale and retail trade, education and health services (including sheltered and vocational workshops), leisure and hospitality, services, and other services. In contrast, employed individuals in our CPS-based comparison populations were more broadly dispersed across major industries. Manufacturing and financial sector jobs were nearly non-existent among NJ WorkAbility survey respondents.

The majority (57%) of survey respondents who were working had held their job for more than two years. More than one out of four respondents (29%) returned to work in the past year; almost half of these respondents (47%) reported that NJ WorkAbility influenced their decision to return to work. Sixteen percent of respondents had increased their work hours over the past year, while 33% reported a decrease in work hours. Forty-one percent of those who increased their hours did so in response to NJ WorkAbility, while 24% of those who decreased their work time attributed this decision to their participation in NJ WorkAbility.

While 26% of our survey respondents were not employed at the time of the survey, just over half of these respondents (51%) reported that they were looking for work. Those who were not seeking employment most frequently cited poor health or their disability as the reason.

Using state wage records, employment for this sample was observed to increase before enrollment and then decline to near pre-enrollment levels. However, those who remain with the program or who were employed at the time of the survey maintained employment at rates similar to that at NJ WorkAbility enrollment.

Working respondents earned an average of \$824 per month; persons who either worked full-time or did not receive disability benefits had higher average monthly earnings. Earnings for NJ WorkAbility enrollees were less than those reported for New Jersey's general, disability and non-TANF Medicaid populations. While this is explained in part by the predominance of part-time employment among working NJ WorkAbility survey respondents compared to our CPS-based comparison groups, even enrollees working full-time made less than the average amounts for New Jersey residents.

Individuals who did not receive disability benefits or who worked full-time had the highest rates of earnings and increases in earnings, as observed in the state wage records. Disability cash beneficiaries had no increase in earnings either before or after NJ WorkAbility enrollment, nor did part-time workers.

Two out of five employed survey respondents received an accommodation at their worksite, and one in five received on-the-job assistance. The majority of respondents reporting an accommodation had a change in their work hours, increased flexibility in hours or days worked, or an ability to take time off to accommodate health care or other health or disability-related needs.

QUALITY OF LIFE AND OTHER PROGRAM IMPACTS

Receipt of Medicaid coverage under NJ WorkAbility, alone or in conjunction with earnings from employment, helped to ease financial stress for many enrollees. Anxiety about meeting medical expenses was reduced and, for at least some enrollees, the increased discretionary income was available to them from reduced out-of-pocket health care outlays and/or increased income from earnings.

Survey respondents tended to report that they also had more time after they enrolled in NJ WorkAbility to take care of their personal needs or to pursue other activities. At least some of this increase in discretionary time resulted from conscious decisions to reduce work effort due to enrollment in NJ WorkAbility.

We found little evidence that the more generous resource limits allowed under NJ WorkAbility had enabled or encouraged greater asset accumulation among our survey respondents. Enrollees may not have been working long enough under this program to have a significant increase in their assets. The relatively low earnings reported by employed NJ WorkAbility survey respondents, most of whom only work part-time, would also hinder asset accumulation.

HEALTH COVERAGE AND MEDICAID EXPENDITURES

Most survey respondents reported that they had health insurance coverage from at least one source; this was typically through Medicaid. Three-quarters of our survey respondents also report that they were covered under Medicare as well. A very small number (1%) of our survey respondents (all of whom were former enrollees) did not have any health coverage when they were surveyed.

We observed an increase in per person per month Medicaid expenditures over time, from \$578 in 2001 to \$815 in 2003; these include both fee-for-service paid claims and capitation payments. Pharmaceutical expenses made up the bulk of expenditures.

WILLINGNESS TO PAY FOR NJ WORKABILITY

Survey responses to probes regarding the value that NJ WorkAbility enrollees place on their Medicaid health coverage, measured as their willingness to pay for this coverage, were sparse and may overstate the true willingness to pay for this coverage.

Despite the fact that they were currently not paying any premiums for their Medicaid coverage, many NJ WorkAbility survey respondents told us that they were willing to pay at least some amount each month for their coverage. Thirty percent of eligible respondents (those with household incomes greater than \$20,000) who were able to answer our willingness to pay questions told us that they would definitely or probably pay as much as \$175 per month for the Medicaid coverage that they receive under NJ WorkAbility. Only 12%, however, responded that they would definitely pay this amount.

Willingness to pay increased as the quoted monthly premium declined. Just over six out of ten eligible respondents (61%) told us that they probably or definitely would be willing to pay \$50 per month for their Medicaid coverage. Finally, more than one quarter (28%) of eligible respondents (those with annual household income exceeding \$20,000) told us that they would not be willing to pay even as little as \$50 per month for their Medicaid coverage under NJ WorkAbility.

RECOMMENDATIONS

Based on these evaluation findings, we recommend the following:

1. The New Jersey Division of Disability Services (DDS) should continue to expand upon efforts to publicize NJ WorkAbility, particularly to the Hispanic community and to those working age persons with disabilities who are not SSDI beneficiaries.
2. The New Jersey Division of Disability Services should disseminate information to NJ WorkAbility enrollees on the availability of benefits counseling services and vocational services.
3. Information about the various Medicaid programs in New Jersey should be available to NJ WorkAbility enrollees.
4. The New Jersey Division of Medical Assistance and Health Services (DMAHS) should actively discourage the use of the term “Ticket to Work” program by its staff and by county-based Medicaid offices and standardize the use of the proper program name, NJ WorkAbility.
5. The New Jersey Division of Disability Services should provide more outreach to manufacturing, financial, and professional sectors to employ persons with disabilities.
6. The New Jersey Division of Disability Services should provide outreach to former enrollees.
7. Future research should focus on subgroups of enrollees to answer specific questions regarding employment and involvement in NJ WorkAbility.

CHAPTER 1

INTRODUCTION

Disability among working age adults and its fiscal, economic and personal impact on government budgets, the nation's economy, and the lives and livelihoods of those directly affected is a growing concern for federal and state government officials, as well as for working age people with disabilities and their families in the United States today. In 2002, 13,474,000 people, or 7.7% of the U.S. population aged 18 through 64, reported that they had a health

problem or disability which limited the amount or type of work that they could do, or prevented them from working at all (Houtonville, 2005).

Currently, most working age persons with disabilities are not working, though not necessarily because they are unable to work in any capacity. In 2002, only 31% of working age persons with disabilities were employed, either part time or full time (Houtonville, 2005). The employment rate among persons with disabilities has declined from a twenty year high of 39% in 1990 to a low of 31% in 2002.

Working age persons with disabilities face significant and well-documented barriers to employment. The very nature of their disability may limit them in terms of occupational choice or type of work that they can perform, as well as in the amount of time that they can spend working. Environmental barriers, such as inaccessible work places or lack of accessible transportation or workplace supports, impede return to work for at least some persons with disabilities. Prospective employers may be reluctant to hire persons with disabilities for any one of a number of reasons.

Even public policies designed to assist and support persons with disabilities may create employment disincentives among working age persons with disabilities. The extensive system of cash benefits provided through Social Security Disability Insurance (SSDI) to those who become disability during their work years is, for example, conditioned on inability to work. The number of disability workers receiving SSDI cash benefits rose substantially over the twenty-year period between 1982 and 2002, from 2.6 million disability workers in 1982 to over 5.5 million disability workers in 2002. For SSDI beneficiaries who do work, substantive employment and earnings above the legislated substantial gainful activity (SGA) level (\$810 per month in 2004) will result in the complete loss of all monthly SSDI cash benefits for any month where earnings exceed SGA. Despite work incentive programs such as the Trial Work Period, very few SSDI beneficiaries ultimately achieve self-sufficiency through employment and thereby leaving the SSDI rolls. Out of 5.5 million SSDI beneficiaries in 2002, less than 30,000 left the SSDI rolls for employment (Social Security Administration, 2003). Likewise, significant barriers confront persons who qualify for cash benefits under the Supplemental Security Income program (SSI); while they may not lose all of their benefits at once as their earnings rise, as is the case under SSDI, this population typically faces more difficulties in finding good employment due to their poor work history and lack of solid work experience.

Health coverage is especially important to this population, as they have lower incomes and are also more likely to have significant health issues that entail higher than average utilization of health

services and may require specialized supports, services, and assistance (Hanson, Neuman, and Voris, 2003). For those persons with disabilities who are not covered under employer-provided or other private insurance plans, health coverage through Medicare or Medicaid is linked to their disability status, primarily through their receipt of cash benefits through SSDI or SSI. Although Medicare or Medicaid coverage may not disappear immediately once SSDI or SSI cash benefits cease, the possibility of losing these benefits at some future date, in combination with any uncertainty regarding ability to replace this health care coverage with employer-provided insurance in the long-run, may also play into the employment decisions of persons with disabilities. Those enrolled in the Medicaid program must also ensure that their income and resource levels do not exceed the stipulated eligibility criteria for their Medicaid coverage. When health coverage is coupled with cash benefits receipt, even loosely, there is a real incentive to “play it safe” and not run the risk of losing cash benefits and, ultimately, health coverage.

The extension of health coverage under Medicaid for employed persons with disabilities, as authorized by the Balanced Budget Act of 1997 and the Ticket to Work and Work Incentives Improvement Act of 1999, was a first step towards de-linking employment and health coverage. Both pieces of legislation allow low-income persons with disabilities to work and still retain health coverage under Medicaid. Under this legislation, states are authorized to establish Medicaid Buy-in programs which can require enrollees to pay premiums for their Medicaid coverage. As of the end of 2004, 30 states, including New Jersey, had taken advantage of this opportunity to provide Medicaid coverage, subject to state-specific financial and resource eligibility standards and premium policies, to working-age persons with disabilities who are employed.

New Jersey’s program, New Jersey WorkAbility (NJ WorkAbility), was implemented in February 2001 and extends basic Medicaid coverage to working-age New Jersey residents who are employed, have a permanent disability, and have income and asset levels below specified thresholds. While NJ WorkAbility is administered through the New Jersey Department of Human Services, Division of Medical Affairs and Health Services (DMAHS), funding for program outreach and information and referral services was provided to the New Jersey Department of Human Services, Division of Disability Services (DDS) through a Medicaid Infrastructure Grant (MIG) from the Centers for Medicare and Medicaid Services. Using MIG funds, DDS commissioned the Program for Disability Research at Rutgers, the State University of New Jersey, to evaluate NJ WorkAbility. The primary objectives of this evaluation were three-fold:

- To describe the characteristics of current and former enrollees in NJ WorkAbility;
- To evaluate employment variables and earnings trends among NJ WorkAbility enrollees; and
- To answer specific policy questions regarding additional barriers to employment and willingness to pay for Medicaid coverage provided under NJ WorkAbility.

This report presents the results of this evaluation. We begin in Chapter 2 with an overview of NJ WorkAbility, its background, characteristics and eligibility standards, and history.

Chapter 3 lays out the evaluation methodology. Details regarding the development and implementation of a telephone survey and focus groups of current and former program enrollees are provided. Administrative data sources are identified and described, and the use of comparison groups drawn from the Current Population Survey is discussed.

Chapter 4 describes the demographic and socioeconomic characteristics of our survey sample, using as comparisons New Jersey's general, disability, and non-TANF Medicaid working age populations.

In Chapter 5, we describe the NJ WorkAbility survey sample in terms of their disability benefit status and prior Medicaid use. We also document the experiences of NJ WorkAbility program enrollees in their initial encounters with this program, including both the process through which they learned about and enrolled in the program and their experiences with obtaining information and services from their Medicaid caseworkers.

Employment and earnings under NJ WorkAbility are addressed in Chapters 6, 7 and 8. Chapter 6 focuses on the employment characteristics of NJ WorkAbility enrollees, documenting the percentage employed, employment effort (hours worked), occupation and industry, and programmatic impacts on the decision to work or to expand work efforts. In Chapter 7, we describe the earnings reported by survey respondents and earnings trends (pre- and post- program enrollment), using employment and earnings records provided by the NJ Department of Labor and Workforce Development. Chapter 8 focuses on other factors that support or hinder employment among NJ WorkAbility survey respondents and focus group participants, including the receipt of accommodations and use of assistance, and the possibility of self-sufficiency through employment.

In Chapter 9, we describe some of the other benefits that NJ WorkAbility provides to working age persons with disabilities in New Jersey. Trends and patterns in Medicaid spending for NJ WorkAbility enrollees are also documented. Responses to a structured series of willingness-to-pay queries, designed to assess the value that NJ WorkAbility enrollees place on their Medicaid coverage, are summarized.

The final chapter, Chapter 10, summarizes our evaluation findings and program recommendations.

CHAPTER 2

AN OVERVIEW OF NEW JERSEY WORKABILITY

New Jersey WorkAbility (NJ WorkAbility), New Jersey's Medicaid Buy-in program, was implemented in February 2001 under federal authorization provided by PL 106-170, the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). NJ WorkAbility extends basic Medicaid coverage, subject to state-determined income (both earned and unearned) and resource standards, to working age individuals with disabilities who are employed. The enabling federal legislation does not set any standards for what

constitutes "employment", and prohibits individual states from establishing any minimum requirements (such as hours or earnings) to qualify for this extended Medicaid coverage. NJ WorkAbility program history, characteristics and eligibility standards, and operational details are provided below.

BACKGROUND

New Jersey responded to the work incentive opportunities afforded by TWIIAA by convening an interagency workgroup on work incentives for the disability population. This workgroup included representatives from a wide range of NJ state government agencies, including the NJ Department of Human Services (with representation from disability services, mental health, and the Medicaid office), the NJ Department of Labor and Workforce Development, the NJ Developmental Disabilities Council, the Office of the Governor and the NJ State Legislature, as well as from the federal government (Social Security Administration) and from independent living centers and other non-profit agencies representing the disability. Within its global mission of developing policies and programs to improve employment opportunities and options for persons with disabilities, this workgroup considered the impact of the disincentives posed by a lack of health coverage on the employment decisions of persons with disabilities and made recommendations for appropriate income and resource guidelines for NJ WorkAbility. The NJ Office of the Governor took on the task of developing the enabling state legislation to provide Medicaid coverage to working age persons with disabilities, working with the state legislators to enact this legislation.¹

PROGRAM OBJECTIVES AND ELIBILITY STANDARDS

The primary objective of NJ WorkAbility is to enable persons with disabilities to seek and retain employment and to earn wages comparable to their non-disability counterparts by ensuring that they could obtain or retain health coverage. The ultimate goal of this program is to promote self-

¹ The outcome was Chapter 116 of NJ Public Law of 2000, which amended section 3 of Public Law of 1968, Chapter 413 to extend Medicaid coverage to employed persons between the ages of 16 and 64 who have a permanent disability, subject to specified income and resource limitations.

sufficiency among working age persons with disabilities by reducing their dependence on cash benefits. As conceived and implemented, the program targets two distinct groups:

- Persons with disability cash benefits whose health care coverage (Medicare and/or Medicaid) are tied to receipt of a cash benefit; and
- Persons with disabilities who are working and who do not receive disability-related cash benefits.

To be eligible for Medicaid coverage under NJ WorkAbility, a New Jersey resident must be between the ages of 16 and 64 inclusive, must be employed (either on a part-time or a full-time basis), and must have a permanent disability. Program applicants who are receiving Social Security Disability Insurance benefits (SSDI) or Supplemental Security Income payments (SSI) are presumptively permanently disabled. Other applicants must be certified as permanently disabled by the Division of Medical Assistance and Health Services (DMAHS), NJ Department of Human Services (NJ DHS). This certification process uses U.S. Social Security Administrative guidelines to identify permanent disability, excluding the requirement that the applicant be incapable of substantive gainful activity (e.g., employment).

In addition to these general eligibility requirements, NJ WorkAbility applicants must also meet income and resource guidelines established by the State of New Jersey. In 2004, gross annual income from earnings could not exceed \$47,340, or 250% of FPL (after including all earned income disregards). This earnings limit, recommended by the work incentives workgroup, was thought to provide a relatively good level of support that could potentially enable persons with disabilities who were receiving disability cash benefits to eventually move to self sufficiency through employment. Unearned household income is limited to 100% of the federal poverty level; this amounts to \$776 per month for an individual and \$1,041 per month for a couple in 2004. However, Social Security disability benefits are disregarded for this program, which allows SSDI recipients to augment their Medicare health coverage with Medicaid benefits by working even a few hours each week or month.

New Jersey has established very liberal resource limits for program eligibility compared to many other states. Individual applicants are allowed up to \$20,000 in assets and couples, up to \$30,000. Certain assets are excluded from this limit, including the dwelling that the applicant lives in, one vehicle used for transportation to work or to medical services, and any retirement savings in Individual Retirement Accounts (IRA) or in 401(k) plans. It was hoped that this more generous resource limit would enable persons with disabilities to be able to accumulate some savings, as they would not have to consistently “spend down” their earnings in order to remain eligible for Medicaid.

Like Medicaid Buy-in programs in other states, NJ WorkAbility has a cost-sharing provision. A premium of \$25 per month (\$50 per month for a couple who are both enrolled in NJ WorkAbility) would apply to individuals (couples) whose combined earned and unearned income exceeded 150% FPL (\$13,965 annually for an individual or \$18,735 per month for a couple in 2004). However, New Jersey has not yet collected these premiums. The implementation of a billing and collection system

for this purpose was judged not to be cost-effective because of the relatively low level of anticipated revenues.

NJ WorkAbility effectively provides full Medicaid coverage to persons with disabilities who would otherwise not meet the income and resource eligibility requirements for other New Jersey Medicaid programs. Medicaid provides coverage for an extensive array of health care services, including those not typically covered by Medicare or most private sector health plans. In addition to physician and practitioner services and inpatient and outpatient care, Medicaid pays for a wide range of health care items and services that are potentially vital for persons with disabilities, including prescription medications, home health care and long-term care services, mental health services, physical, occupational and speech therapy, medical supplies, and durable medical equipment.

OTHER MEDICAID OPTIONS

Other than NJ WorkAbility, access to Medicaid coverage for NJ residents with permanent disabilities is limited by very stringent income and resource eligibility standards. Persons who receive Supplemental Security Income (SSI) payments are automatically eligible for Medicaid coverage. Other Medicaid programs which provide coverage to NJ residents with permanent disabilities, albeit with more restrictive financial eligibility standards, include New Jersey Medicaid (sometimes known as New Jersey Cares) and New Jersey's Medically Needy Program.

In addition to residency and disability requirements, recipients of New Jersey Medicaid are limited to income from all sources that do not exceed 100% of FPL (or \$776 per month for an individual, excluding the first \$20 of income per month). The resource limit in 2004 was \$4,000 for an individual (\$6,000 for a couple), which did not include the value of the individual's principal residence and life insurance of \$1,500 or less. Individuals with a permanent disability whose income/resources exceed these eligibility standards (but who cannot afford health care services) may also qualify for Medicaid coverage under the Medically Needy program. Income and asset limits for these programs typically exceed those set for NJ Cares, but are still very low. Prospective eligible candidates may "spend down" income and assets on some of their medical expenses (averaged over a six month period) to qualify for Medicaid coverage for remaining expenses. The Medically Needy option in New Jersey also does not cover the entire range of services covered by New Jersey Cares for persons eligible by reason of disability; expenditures on prescription medications, inpatient hospital services, and chiropractic services are a few of the items and services not covered by the Medically Needy option.

POTENTIAL NJ WORKABILITY PARTICIPANTS

Given the array of Medicaid options available to NJ residents who are permanently disabled, NJ WorkAbility, with its relaxed financial eligibility requirements and the absence of a strict work

standard, is potentially attractive to a number of subgroups within the disability population who can demonstrate that they are employed. These would include:

- SSDI recipients who are still waiting for Medicare coverage,² or who wish to use Medicaid to extend their health care coverage to services and items not covered by Medicare.
- SSDI recipients who do not want to spend down their income or their assets in order to become eligible for Medicaid coverage under the Medicaid Needy option.
- SSI recipients who are employed and who want to earn more than the SSI eligibility limits on income and still retain their Medicaid coverage.
- Former SSI recipients whose earnings exceed threshold levels stipulated under Section 1619(b) of the Social Security Act.³
- Employed persons with disabilities who do not receive SSI or SSDI, but who would meet the Social Security Administration's criteria for permanent disability, modified to exclude the requirement that the applicant be unable to engage in any substantive gainful activity (SGA).

Thus, the potential audience for NJ WorkAbility includes both current Medicaid recipients (SSI recipients and others who are enrolled in Medicaid under the New Jersey Cares and the Medically Needy option) and new Medicaid enrollees (including both employed SSDI recipients and other employed persons with disabilities who are not on the benefits rolls).

PROGRAM ENROLLMENT

According to enrollment statistics provided by New Jersey Division of Disability Services (DDS) in their quarterly progress reports to the Centers for Medicare and Medicaid Services (CMS), program enrollments rose from an initial 55 enrollees (during the first quarter of 2002, when enrollment began) to 603 enrollees at the end of 2002, and 951 enrollees at the end of 2003 (see Figure 2.1). Enrollment as of October 15, 2004 stood at 1,242 enrollees.

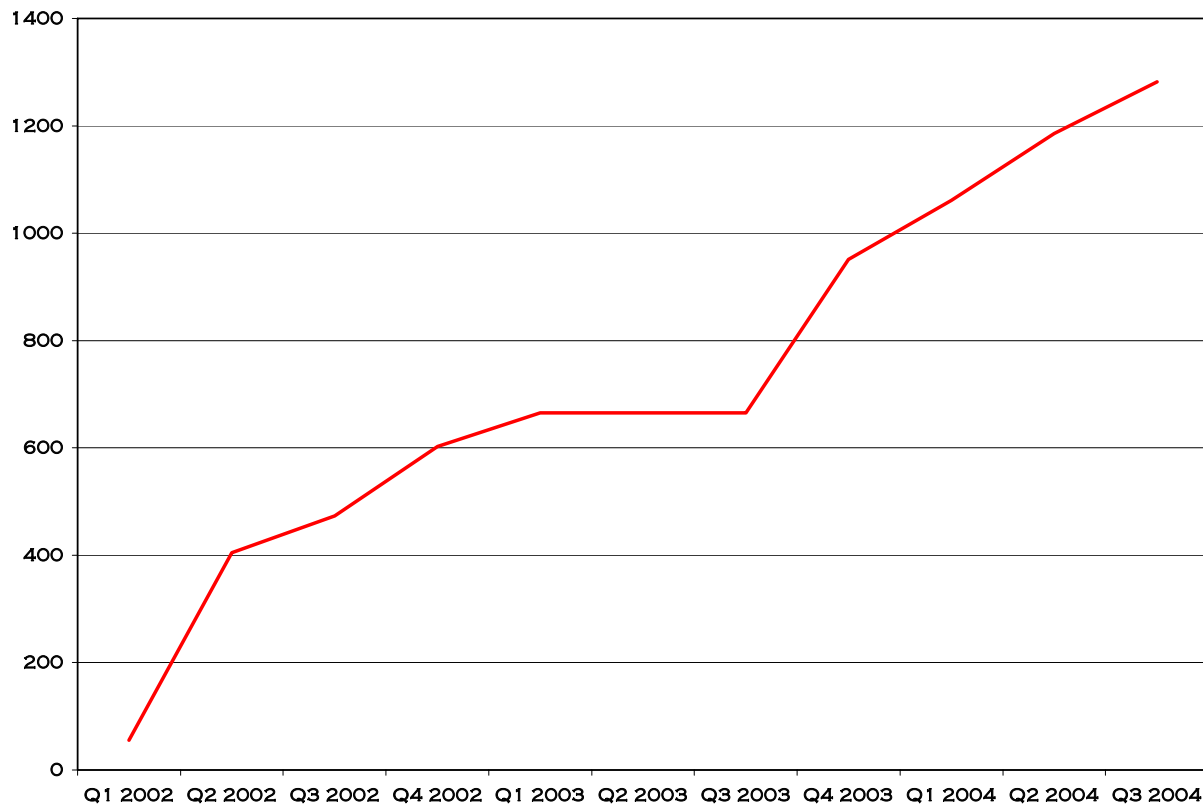
² SSDI beneficiaries must wait two years after they become eligible for their cash benefits before they become eligible for Medicare coverage, with the exception of beneficiaries with end-stage renal disease or amyotrophic lateral sclerosis, who are eligible for Medicare immediately.

³ Section 1619(b) of the Social Security Act allows former SSI recipients who are employed to earn more than the substantial gainful activity level, up to some threshold amount representing the amount of SSI, state supplemental payments, Medicaid benefits, and publicly-funded attendant care that they would be eligible for if they were not employed and earning wages. In New Jersey, this threshold was \$27,021 in 2004. While these persons lose their SSI benefits once they reach the threshold, they retain Medicaid coverage until they exceed the Section 1619(b) earnings threshold.

PROGRAM OPERATIONS

New Jersey's Medicaid programs are administered by the Division of Medical Affairs and Health Services (DMAHS), within the New Jersey Department of Human Services (NJ DHS). DMAHS sets and monitors the implementation of general procedures for the Medicaid application and enrollment process, including the documentation of financial eligibility and the disability determination review/certification process.⁴ However, the actual activity of screening Medicaid applicants and directing them to the correct Medicaid option, verifying their financial eligibility, and conducting annual eligibility re-determinations takes place at the county level, at the Medicaid offices located within individual County Boards of Social Services.

FIGURE 2.1: ENROLLMENT IN NJ WORKABILITY
NUMBER OF ENROLLEES, MARCH 2002- OCTOBER 2004



Source: New Jersey Division of Disability Services

⁴ For those applicants who are not presumptively disabled as a result of SSI/SSDI reciprocity.

Each county Medicaid office develops and implements its own procedures for processing Medicaid applicants. Some counties, for example, assign specific intake unit workers to process NJ WorkAbility applications; in other counties, general intake workers handle all Medicaid applications, including those for NJ WorkAbility. Counties may also vary in the amount of support they provide to NJ WorkAbility applicants who must apply for a disability determination through DMAHS. Once an applicant is enrolled in NJ WorkAbility, the actual processing and payment of claims is performed by DMAHS.

Primary responsibility for reaching out to the disability community and publicizing this program rests with another NJ state agency within NJDHS, the Division of Disability Services (DDS).⁵ Shortly after the passage of the enabling legislation in 2002, DDS sponsored two major conferences on work incentive programs for persons with disabilities, one targeted at employers and one targeted at consumers. Each of these conferences was held in three regional locations. Program brochures and explanatory materials in English and in Spanish are published by DDS and distributed to County Boards of Social Services and other agencies with access to the target population. DDS also staffs a toll-free hotline for inquiries regarding NJ WorkAbility. DDS staff screen prospective applicants who call this hotline for initial eligibility for NJ WorkAbility and make referrals to the appropriate County Board of Social Services to complete the enrollment process. They also handle questions and problems that may arise when the applicant attempts to enroll in NJ WorkAbility at their respective county Board of Social Services, as well as after the applicant is enrolled in the program.⁶ These dissemination, training, and case management services are supported by a Medicaid Infrastructure Grant from CMS. Prospective NJ WorkAbility participants are also identified directly by staff within the various county social services offices as they come in to apply for Medicaid benefits. In many instances, Medicaid caseworkers take the initiative and enroll current disability Medicaid beneficiaries covered under other Medicaid options into NJ WorkAbility once these beneficiaries report earnings.

Informal discussions with DDS staff and with state and county Medicaid staff indicated that there was some confusion among both applicants and Board of Social Services staff about this new Medicaid option during the early days after the implementation of NJ WorkAbility. While the application process for NJ WorkAbility was no different from other Medicaid options, and the process of identifying and documenting basic income and resource limits was consistent with existing procedures, it took time for knowledge about a new Medicaid option that extended coverage to employed persons with disabilities to trickle down to all staff in all counties. As a result, some early NJ WorkAbility applicants who had heard about the program through their benefits counselors, DDS publicity efforts, or other sources encountered some difficulties when they attempted to enroll in this program. Prospective program participants who requested a disability determination from the state's Disability Review Board may also have been affected by early misunderstandings regarding the criteria used to determine permanent disability under NJ WorkAbility and how these criteria might differ from that employed for a disability determination for SSDI or SSI cash benefits. The provision

⁵ While the major dissemination activities are conducted by DDS, Medicaid program staff in individual counties may also distribute brochures and disseminate information about the program to local groups, health fairs, and similar venues.

⁶ Any difficulties relating strictly to the Medicaid program, such as the processing or payment of claims, are handled by Medicaid staff at the county or state level.

of additional training on NJ WorkAbility through DDS and DMAHS throughout 2003 appears to have largely eliminated this confusion among county Medicaid staff regarding this program.

However, the program is not universally referred to as “NJ WorkAbility” by Medicaid staff and others. Perhaps due to its genesis under the enabling Federal Ticket to Work legislation, many Medicaid caseworkers continue to refer to this Medicaid option as “Ticket to Work;” others may also use the term “Medicaid Buy-In program” when speaking about NJ WorkAbility. The use of “Ticket to Work” to refer to this program is particularly unfortunate, as the actual Ticket to Work program has no relationship with the Medicaid program. This, as we shall see, creates much confusion among current and past NJ WorkAbility participants, many of whom can not completely distinguish between the characteristics and services offered under these two very different programs.

CHAPTER 3

STUDY METHODOLOGY

Data to support this evaluation of NJ WorkAbility were developed from four sources:

- A telephone survey of current and former NJ WorkAbility participants;
- A series of four focus groups of current and former NJ WorkAbility participants;
- Administrative data from NJ WorkAbility program files, employment data from the wage reporting system files maintained by the NJ Department of Labor and Workforce Development (DLWD), and Medicaid claims data from the NJ Department of Human Services, Division of Medical Assistance and Health Services (DMAHS); and
- State level survey data from the 2002, 2003, & 2004 Current Population Survey, Annual Social and Economic Supplement.

In the first section of this chapter, we describe our primary data collection efforts through the telephone questionnaire and focus groups. The second section details our use of administrative records. The next section documents the steps we took to analyze the CPS. Finally, we describe the methodology and comparison groups that we use throughout this report.

PRIMARY DATA

SURVEY QUESTIONNAIRE DESIGN AND CONTENT

The survey questionnaire was designed to elicit essential information on programmatic outcomes, particularly with regard to employment, cash benefits dependency, and quality of life, as well as data on participants' experiences with learning about and enrolling in the program. In addition, the DDS looked to this survey to obtain some insights into workplace support needs of persons with disabilities and the monetary value that NJ WorkAbility participants placed on their Medicaid coverage or, in other words, their willingness to pay for this type of coverage. The survey questionnaire was designed to gather essential data elements within a relatively short time span.

Key domains covered in this survey questionnaire include:

- Initial knowledge of program participation
- Experience with program operations
- Cash benefits and health coverage status
- Health and disability
- Employment status and earning
- Employment-related supports, services, and accommodations
- Work history

- NJ WorkAbility programmatic impacts on employment and quality of life
- Willingness to pay for Medicaid coverage
- Respondent demographic and socioeconomic characteristics

A copy of the survey questionnaire is provided in Appendix A at the end of the report.

SURVEY IMPLEMENTATION

Eligible respondents to the survey, defined as those persons who had been enrolled in NJ WorkAbility at any time prior to April 1, 2004, were identified from administrative records maintained by the DDS. A total of 1,155 eligible respondents were identified. Names, addresses and, when available, telephone numbers were forwarded to the survey firm selected to administer the survey.

Prospective respondents first received a letter from the Program for Disability Research describing the project and soliciting cooperation. Prospective respondents with questions or concerns were urged to contact the lead project analyst or other program staff via telephone. When a telephone number was not available for the respondent from either administrative records or from reverse directory look up, a slightly different version of the letter was sent that provided a toll-free number for that respondent to contact the survey firm.

Initial attempts to contact eligible respondents were hampered by several factors. Frequently, mail addresses and telephone numbers were outdated. Medicaid files were searched for updated mail addresses when letters were returned;⁷ when updated addresses were available, new letters were sent which asked the prospective respondents to call into the survey firm, using a toll-free number, to take the survey.

Even when address information was apparently correct, prospective respondents frequently could not be easily reached by telephone. Outdated telephone numbers and the use of call blocking or answering machines to screen incoming calls made establishing contact by telephone difficult for many potential respondents. The survey firm was unable to establish contact with other prospective respondents, even after repeated call backs at various times on various days. Most of these prospective respondents were also contacted by letter from PDR asking them to use a toll-free number to call in to the survey firm and take the survey.

Those respondents for whom no telephone number was available from the administrative data received a letter from the DDS with a request that these program participants contact DDS and provide a current telephone number.

If the respondent could not participate in a telephone survey due to their health or disability, we mailed a paper version of the survey with a pre-addressed and stamped return envelope. Both

⁷ No telephone numbers are available from the Medicaid claims files.

telephone and paper surveys could also be completed by proxy respondents who were familiar with the eligible respondent's situation. In these ways, we hoped to ensure that we included eligible NJ WorkAbility participants with all types of disabilities. Though the survey was available to be administered in Spanish, no one made use of this option.

While we encountered severe difficulties in locating and contacting many of our prospective respondents, we did manage to complete interviews with 517 respondents. Of these, 18 were mail surveys. A total of 21 surveys were administered to proxy respondents (8 telephone and 13 mail surveys were completed by proxy respondents). For those surveys completed by telephone, the average interview lasted 17 minutes.

Each person was offered \$15 to participate in the interview. Informed consent was obtained at the beginning of the interview, and the survey included consent for matching the individual's survey data with administrative data.

As shown in the sample disposition provided in Table 3.1, our overall response rate was 64.6%, calculated as the number of completed surveys divided by the number of "good" telephone numbers. Most of the non-respondents could not be interviewed because we were not able to establish direct contact with them. However, once we were able to contact prospective subjects, they tended to be very cooperative and almost always consented to participate in the survey, as evidenced by the cooperation rate of 95.2%.

TABLE 3.1

DISPOSITION OF SAMPLE FROM DDS DATABASE AND RESPONSE RATES

DISPOSITION CATEGORY	NUMBER	NOTES
Total Telephone Numbers Dialed	1080	All subjects from original sample with some telephone contact information Includes non-resident telephone numbers, wrong numbers, and disconnected numbers.
Bad Telephone Numbers	280	
Total Usable Telephone Numbers	800	
No Contact with Household	24	No answers or continual busy signal
Total Contacts	776	
Could not interview		
Deceased	7	
Health/Hearing Problems	68	Includes subjects who did not return mail surveys
Non-English speaking	6	
Not available/away for duration	3	
Other	149	
Refusals	26	Includes subjects that could not be reached due to call blocking, repeated use of answering machines to screen calls, or who did not answer their telephones despite repeated call backs.
Total Completed Interviews	517	
Response Rate	64.6%	Calculated as the number of completed interviews as a percentage of all usable telephone numbers
Cooperation Rate	95.2%	Calculated as the number of completed interviews as a percentage of total completes plus refusals.

Source: NJ WorkAbility Survey

Before analysis, we discarded two completed surveys. One was a duplicate survey; the same person was erroneously interviewed twice. The other survey was eliminated at the request of a survey respondent who reconsidered their initial decision to participate. 515 surveys were retained for analysis.

SAMPLE CHARACTERISTICS

Table 3.2 compares the distribution of our survey respondents at the time of the survey by gender, age, and race to 1,505 NJ WorkAbility participants (current and former as of April 1, 2004) identified from the NJ WorkAbility Medicaid eligibility files. The first two columns show the proportions for both current and former enrollees for the survey and the population, respectively, while the third and fourth columns examine the characteristics of only current enrollees.⁸

TABLE 3.2

COMPARISON OF SURVEY RESPONDENTS WITH NJ WORKABILITY ADMINISTRATIVE DATA

DEMOGRAPHIC CHARACTERISTICS

	ALL PARTICIPANTS		CURRENT ENROLLEES	
	Survey Sample ^a	Population ^b	Survey Sample ^c	Population ^d
Gender (%)				
Male	51	51	50	50
Female	49	49	50	50
Current Age (%)				
18-29 years	10	12	8	14
30-39 years	28	27	30	28
40-49 years	34	34	34	35
50-59 years	20	21	22	19
60-64 years	5	6	6	4
65+ years	2	1	0	0
Don't know	1	0	0	0
Race (%)				
White	80	74	83	73
Non-White	18	26	17	27

Source: NJ WorkAbility Survey & NJ Medicaid Eligibility Files.

Notes: ^a N = 515. ^b N = 1505. ^c N = 324. ^d N = 1154.

The gender distribution of the survey sample was very similar to the population of NJ WorkAbility participants identified from the Medicaid eligibility files. There were no clear differences in the age distribution of our comparison groups. However, whites were slightly overrepresented in both survey

⁸ As indicated earlier, we anticipated that not all study subjects would necessarily know that they were enrolled (or ever enrolled) in NJ WorkAbility, even if we described the program and used other common references to the program. Only subjects who recognized the program, either by name or by description (that is, who answered “yes” to questions 1 and 1.a in the survey) were deemed to be “familiar” with the program and then assessed as to whether they were currently enrolled, either through self-report or from Medicaid eligibility files.

samples compared to the population of NJ WorkAbility program participants. Race/ethnicity classifications were self-reported in the NJ WorkAbility survey, while such indicators in the Medicaid eligibility files were either self-reported or based on a determination made by a caseworker.

As we would expect, almost all of our survey respondents lived in New Jersey, although a few former enrollees had moved out of state (see Table 3.3). More than 20% of our survey respondents lived either in Bergen or Burlington counties; we also found relatively large concentrations of current and former NJ WorkAbility participants in Middlesex, Monmouth, and Ocean counties. These five counties represented 50% of the sample; by comparison, 38% of all NJ residents lived in these counties in 2003.

Our survey sample over-represented the total population of current and former NJ WorkAbility program participants, as measured by New Jersey Medicaid records, in Bergen, Burlington, Middlesex, Monmouth, and Warren counties. On the other hand, the survey sample under-represented NJ program participants in some major urban counties, including Camden, Hudson, and Union counties.

TABLE 3.3

**COMPARISON OF SURVEY RESPONDENTS WITH NJ WORKABILITY ADMINISTRATIVE
POPULATION**

COUNTY OF RESIDENCE

	<u>ALL PARTICIPANTS</u>		<u>CURRENT ENROLLEES</u>	
	Survey Sample ^a	Population ^b	Survey Sample ^c	Population ^d
New Jersey Resident (%)	99	100	100	100
Atlantic County	2	2	2	2
Bergen County	10	8	11	9
Burlington County	12	9	14	10
Camden County	1	6	0	6
Cape May County	4	3	3	3
Cumberland County	3	2	3	2
Essex County	1	2	2	2
Gloucester County	3	3	4	3
Hudson County	3	6	3	7
Hunterdon County	2	3	1	3
Mercer County	5	5	5	4
Middlesex County	9	7	8	7
Monmouth County	9	7	9	8
Morris County	3	3	4	4
Ocean County	10	10	9	9
Passaic County	2	4	3	4
Salem County	<1	1	1	1
Somerset County	6	6	7	5
Sussex County	3	3	3	3
Union County	4	7	3	7
Warren County	5	3	5	3
Out of State Resident (%)	1	0	0	0

Source: NJ WorkAbility Survey & NJ Medicaid Eligibility Files.

Notes: ^a N = 515. ^b N = 1505. ^c N = 324. ^d N = 1154.

There is no data source available that allows us to compare our sample of NJ WorkAbility program participants to the total target population for this program, that is, working-age persons with disabilities who are employed (or who are able to work) and who meet the program income and resource eligibility requirements.

FOCUS GROUP DATA COLLECTION

To augment the statistical analysis of our telephone survey data, we conducted focus groups with telephone survey respondents. The primary goals of these discussions were to discern the real impact of NJ WorkAbility on employment decisions and quality of life, to identify barriers to employment, and to explore the possibility of becoming self-sufficient through full-time employment. Focus group discussions centered on the following themes:

- Actual experiences in enrolling in the program and in dealing with program staff;
- Employment experiences, including barriers to finding and retaining employment and barriers to full-time employment;
- Impact of NJ WorkAbility on the decision to become or remain employed; and
- The ability of persons with disabilities to become self-sufficient and to be able to support themselves without cash benefits.

The moderator guide for these sessions is provided in Appendix B at the end of the report.

Prospective focus group participants were first identified from our telephone survey via affirmative responses when asked if they were willing to participate in a small meeting with other NJ WorkAbility clients to discuss their program and employment experiences. We then examined the geographic dispersion of all willing focus group participants who also, based on responses to questions 1 or 1.a in the telephone survey, were aware of NJ WorkAbility and would presumably be somewhat knowledgeable about this program. Four focus group locations were set, based on the geographic location of prospective participants and the availability of facilities:

- North Brunswick (prospective participants from Middlesex, Somerset, and Union counties)
- Lincroft (prospective participants from Monmouth and Ocean counties)
- Paramus (prospective participants from Bergen, Hudson, Essex, and Passaic counties)
- Willingboro (prospective participants from Burlington, Camden, and Gloucester counties)

Too few prospective focus group participants were located in the more southern counties (Cape May, Cumberland, Salem, and Atlantic counties) or in some of the more rural northern counties (Hunterdon, Sussex or Warren counties) to accommodate focus groups in these locations.

We further limited focus group participation to persons whose disabilities did not limit either their cognitive ability or their ability to communicate. We were probing for the impact of programs like NJ

WorkAbility on the ability of persons with disabilities to obtain and maintain employment and ultimately to become self-sufficient. Persons with cognitive disabilities face additional challenges and issues in the workplace that make substantive employment and ultimate self-sufficiency through employment a much more formidable goal. Thus, we limited our focus group recruitment to those telephone respondents who were more likely to have substantive employment experience and who were better able to at least consider the possibility of self-sufficiency through full-time employment.

A few prospective focus group participants were hearing-impaired or reported another type of communications impairment. Time and budget considerations hindered our ability to accommodate these types of disabilities for such a small number of persons. Finally, we limited our focus group participants to actual NJ WorkAbility enrollees (current and former); we did not recruit from any proxy respondents to our telephone survey.

A total of 179 prospective focus group participants were identified, based on their responses to the telephone survey; of these, 119 met our criteria for possible inclusion in a focus group. Invitation letters were sent to these prospective participants. We initiated follow-up telephone calls to those invitees who did not respond to the invitation letter. A total of 48 invitees agreed to participate in the focus groups; confirmation letters with additional information were sent to these invitees. Ultimately, 42 persons actually attended their scheduled focus groups. Participants were offered \$50 for their involvement.

Audio-recordings and observation notes were transcribed, and transcripts analyzed. Findings are reported in conjunction with our survey data analysis and typically help to support or expand upon the survey findings.

ADMINISTRATIVE DATA

Three sources of administrative data helped to expand our program evaluation. From DDS administrative records, we drew contact information for our survey sample. Medicaid records from DMAHS provided information about current enrollment in NJ WorkAbility as well as services utilized by this population. Finally, we were able to obtain data from the NJ Department of Labor and Workforce Development (DLWD) regarding earnings from 1998 to 2004.

NJ DIVISION OF DISABILITY SERVICES

DDS collects data on NJ WorkAbility enrollees as they first enter the program from information provided by the county Boards of Social Services. The variables collected includes demographic information (gender, date of birth, marital status, household size), residency information (address, telephone number), employment and economic variables (hours worked, earned income, disability benefits), and identifiers (Social Security Number, Medicaid identification number). This file formed

the basis for the sampling frame for the telephone survey. In addition, the information in the file was used to obtain wage records from DLWD (see below).

Attempts to utilize the administrative records for economic analysis were hampered by the lack of consistent input into the database (for example, not listing the units for the number of hours worked or income received) and the high degree of missing records regarding earnings and hours worked.

NJ DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Through a data agreement with DMAHS, we obtained two types of Medicaid records relating to individuals whose program status codes indicated enrollment in NJ WorkAbility: eligibility and claims records. The Medicaid eligibility records contain information about when individuals enrolled in NJ WorkAbility, when they left, and whether they had been on and off the program multiple times. Eligibility records also had limited demographic information on gender, race and ethnicity, and age, and HMO enrollment. Medicaid claims records contained information about services received, claim amounts for each service, and when and if these claims were paid.

We received records for 1,712 individuals enrolled in NJ WorkAbility, of whom 1,505 had been enrolled by April 1, 2004. This number is larger than the 1,155 individuals listed in the DDS administrative data base.

NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

From the DDS administrative records, we obtained valid Social Security Numbers (SSNs) of 1,155 individuals. These SSNs were sent to DLWD to obtain a match of state quarterly wage records from the first quarter of 1998 to the third quarter of 2004. We received 16,941 records on 1,042 individuals for the requested period. These records contain information about the employer, total quarterly wages, and number of weeks worked during the quarter.

While wage records collect information on employment, there are significant gaps in these records. Individuals who work out of state, are self-employed, or are engaged in contract or informal labor will not have earnings reported to DLWD.

CURRENT POPULATION SURVEY

Lacking a true comparison group for the NJ WorkAbility sample, we drew from a publicly available survey to provide a rough context for interpreting our survey data. The Current Population Survey (CPS) is a nationally representative monthly longitudinal survey conducted by the US Census Bureau for the Bureau of Labor Statistics, with households participating over a 16-month period (Bureau of Labor Statistics and U.S. Census Bureau, 2000). Respondents contribute data monthly for a four-month period, followed by an eight-month break, then resume the survey for an additional four months, the same months in which they participated the previous year. The basic questionnaire consists of current labor force characteristics that are supplemented by additional questions and

content areas that vary month to month. In March, the Annual Social and Economic Supplement (ASES, formerly the Annual Demographic Survey) collects data on work, income, disability, welfare, and other variables for individuals and households during the previous calendar year.

We used a pooled sample of data from the 2002, 2003, & 2004 ASES for this study, reflecting the calendar years 2001, 2002, and 2003, respectively. Data was restricted to residents of New Jersey who were working age (between the ages of 18 and 64). From NJ working age residents, we identified two additional comparison groups. The first was defined as persons with disabilities, that is, those individuals who either 1) received SSDI or SSI, 2) answered in the affirmative to having “a health problem or a disability which prevents work or limits the kind or amount of work,” 3) retired or left a job for health reasons, 4) received workers’ compensation income, or 5) cited disability as a reason for not working. The second comparison group included individuals who received Medicaid but who were not receiving income from TANF. The first group is a proxy for a working age population with disabilities; the second, a poorer working age population with Medicaid access.

There are several limitations to using the CPS. First, smaller sample sizes, particularly for the disability and Medicaid comparison groups, increase the sampling error for our statistics. Second, the data is pooled over time and may reflect minor changes in state-level economic characteristics. Third, we cannot obtain a precise sample that is comparable to the targeted populations for NJ WorkAbility—individuals with disabilities who are working and who meet the income and resource eligibility requirements for NJ WorkAbility.

METHODOLOGY

Throughout this report, we use three groups derived from the telephone survey and Medicaid administrative data. The first group is the entire sample of 515 survey respondents. We further divide this group into two subgroups: those whom we know were enrolled in NJ WorkAbility at the time they took the survey (current enrollees) and those who were no longer enrolled in the WorkAbility program (former enrollees). To determine whether or not individuals were enrolled, we either a) matched the survey data to the Medicaid records, if the respondent gave permission for record matching, or b) used the respondent’s self report of whether he or she was or was not currently enrolled at the time of the survey. This created a problem for survey respondents who reported that they were not familiar with the program. When respondents did not recognize the NJ WorkAbility program, even after explaining what the program was, those individuals were not asked questions regarding their involvement in NJ WorkAbility, including one that asked permission to match their survey records to administrative data.

Of 515 survey respondents, 432 reported familiarity with NJ WorkAbility. Of those, 386 (89%) consented to having their responses matched to administrative data. Based on survey responses and Medicaid records, we determined that, at the time they took the survey, 324 individuals (63%) were active or current enrollees and 96 (19%) were former enrollees. For 95 individuals (18% of the sample), we could not determine their current enrollment status. We anticipated that NJ

WorkAbility enrollees would not be aware of either their enrollment status or the Buy-in program itself⁹.

Data for the three respondent groups (all respondents, current enrollees, and former enrollees) are presented throughout the following chapters, sample sizes allowing. Where available, information from the NJ WorkAbility survey respondents is presented in tandem with data from the comparison groups taken from the CPS (explained above).

As with any survey, the numbers and percentages that are produced should be interpreted with caution. The numbers in this report represent an estimate of what the true value is in the actual population. While we do not show the standard errors of the numbers provided in this report, we do provide, in Appendix C, estimates for confidence intervals that can be used as an approximate guide to interpreting the statistics reported in the remainder of this report.

We should also note that our inability to reach a large number of our initial sample of 1,155 NJ WorkAbility enrollees introduces the possibility of some bias in our final sample of 515 NJ WorkAbility survey respondents. Our sample appeared to be reasonably close to the Medicaid-based population in terms of gender and age composition; however, our survey sample was slightly less diverse than population identified from the Medicaid data. We have no reliable way to ascertain how the sample of 515 NJ WorkAbility survey respondents may differ from the entire population of current and former NJ WorkAbility enrollees along other key characteristics which may influence the extent of their program knowledge and participation, their employment and earnings outcomes, and other important policy issues explored in our analysis.

⁹ This is not uncommon among enrollees in Medicaid Buy-in programs. We will have more to say about this below in Chapter 5.

CHAPTER 4

SAMPLE CHARACTERISTICS AND POPULATION COMPARISONS

GENDER AND AGE

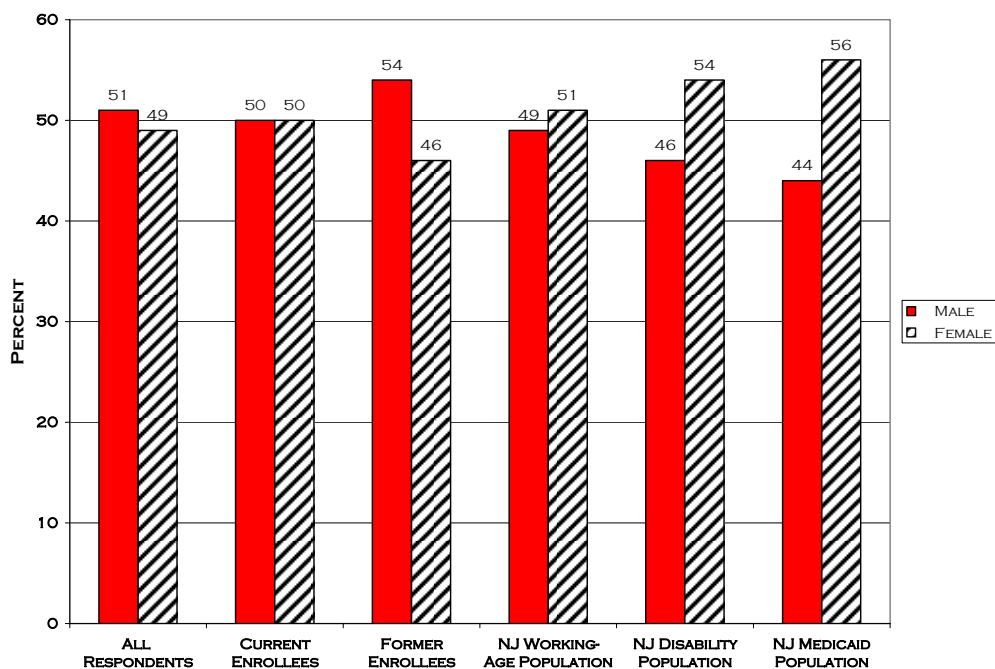
As seen in Chapter 3, our sample of 515 telephone survey respondents was very similar in terms of gender and age composition to the overall population of current and former NJ WorkAbility. However, our survey sample was less racially diverse than the NJ WorkAbility population. In this chapter, we further explore the demographic and socioeconomic characteristics of our sample and provide comparisons when appropriate with data from the Current Population Survey.

According to Figure 4.1 (based on data provided in Appendix 4.1), men were over-represented in our total sample of NJ WorkAbility survey respondents, as well as our two subgroups, compared to all three New Jersey comparison groups.

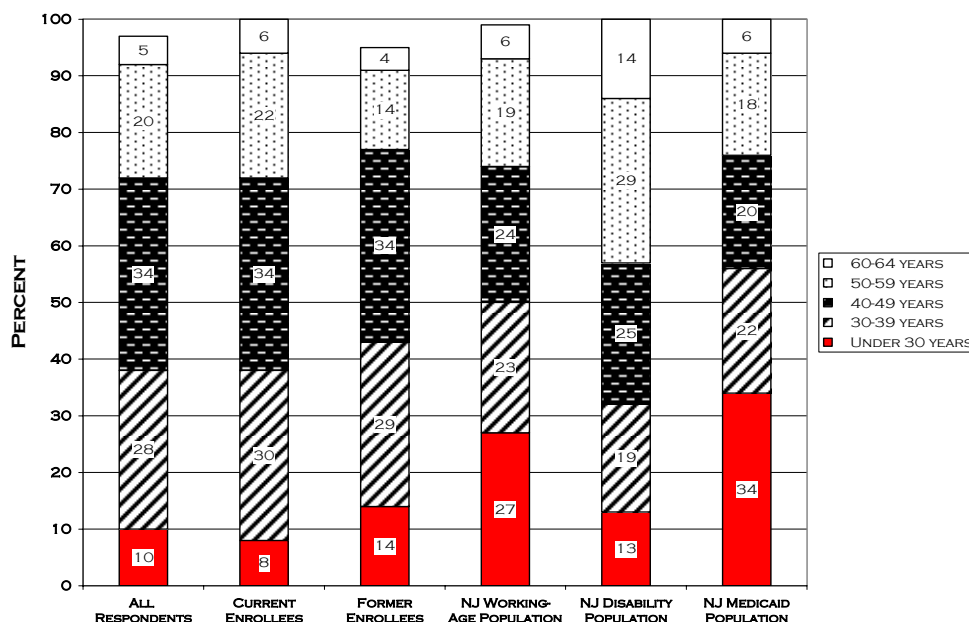
NJ WorkAbility survey respondents were older than the general working age NJ population and the non-TANF NJ Medicaid population (see Figure 4.2 and Appendix 4.1). They were, however, younger than New Jersey's working-age disability population by about 2 to 3 years, on average.

FIGURE 4.1

GENDER BY NJ WORKABILITY AND CPS COMPARISON GROUPS



Source: NJ WorkAbility Survey & Current Population Survey.

FIGURE 4.2**AGE BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Source: NJ WorkAbility Survey & Current Population Survey.

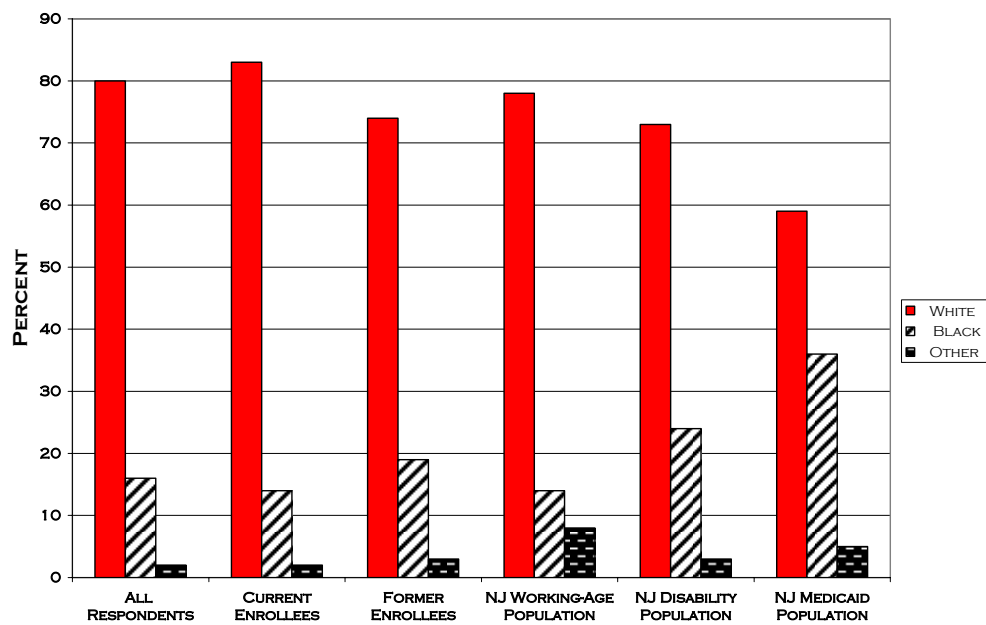
Note: Numbers may not add to 100 due to rounding or non-response.

RACE AND ETHNICITY

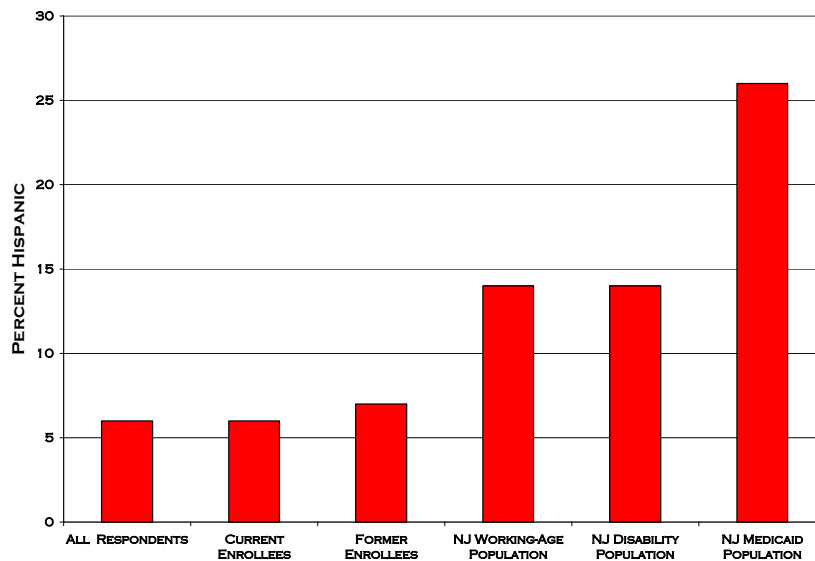
Overall, our sample of NJ WorkAbility survey respondents was less diverse than New Jersey residents, the state's disability population or the non-TANF Medicaid population. With regard to race, the NJ WorkAbility survey sample was predominantly white. Four out of five respondents were white, and 16% were black (see Figure 4.3 and Appendix 4.1); the disparity was even greater among current NJ WorkAbility enrollees. Blacks had a higher representation in the disability population (24%) and non-TANF Medicaid population (36%). The racial composition of the survey subgroup of those who have terminated from NJ WorkAbility was somewhat more similar to the general disability population.

The proportion of persons of Hispanic or Latino origin among NJ WorkAbility survey respondents (6%) was less than half that found in New Jersey's general, disability, or non-TANF Medicaid populations (see Figure 4.4 and Appendix 4.1). We suspect that this is explained in part by lower employment rates among persons with disabilities of Hispanic or Latino origin, compared to non-Hispanic working-age persons with disabilities.¹⁰ Since Hispanics with disabilities were less likely to be employed, compared to their non-Hispanic counterparts, they were less likely to be eligible for NJ WorkAbility.

¹⁰ Estimates of employment rates among the working age population in New Jersey, based on CPS data, show that 22% of persons with disabilities of Hispanic origin are employed, compared to 36% of non-Hispanic persons with disabilities.

FIGURE 4.3**RACE BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Source: NJ WorkAbility Survey & Current Population Survey.

FIGURE 4.4**HISPANIC ORIGIN BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

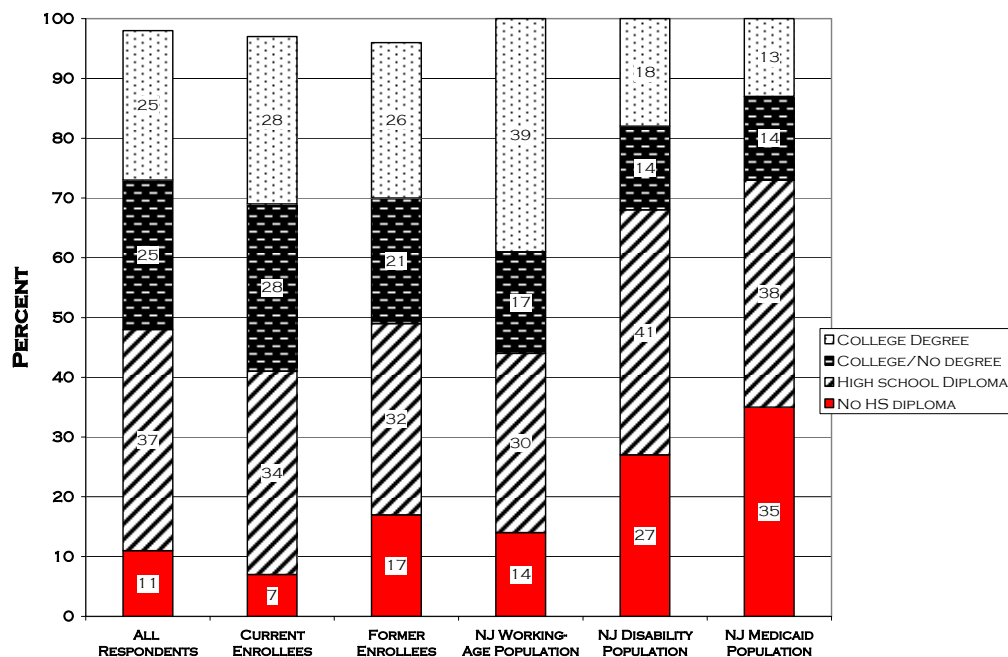
Source: NJ WorkAbility Survey & Current Population Survey.

EDUCATION

Comparisons of NJ WorkAbility survey respondents to the general New Jersey population indicated that, while the general population had more persons with a college degree, NJ WorkAbility respondents were less likely to lack a high school degree or equivalent (see Figure 4.5 and Appendix 4.1). NJ WorkAbility survey respondents were more likely to have completed college than either the disability population in general or the non-TANF Medicaid population in New Jersey. Current NJ WorkAbility enrollees were more likely to have attended and/or completed college than former enrollees.

FIGURE 4.5

HIGHEST EDUCATION LEVEL ACHIEVED BY NJ WORKABILITY AND CPS COMPARISON GROUPS



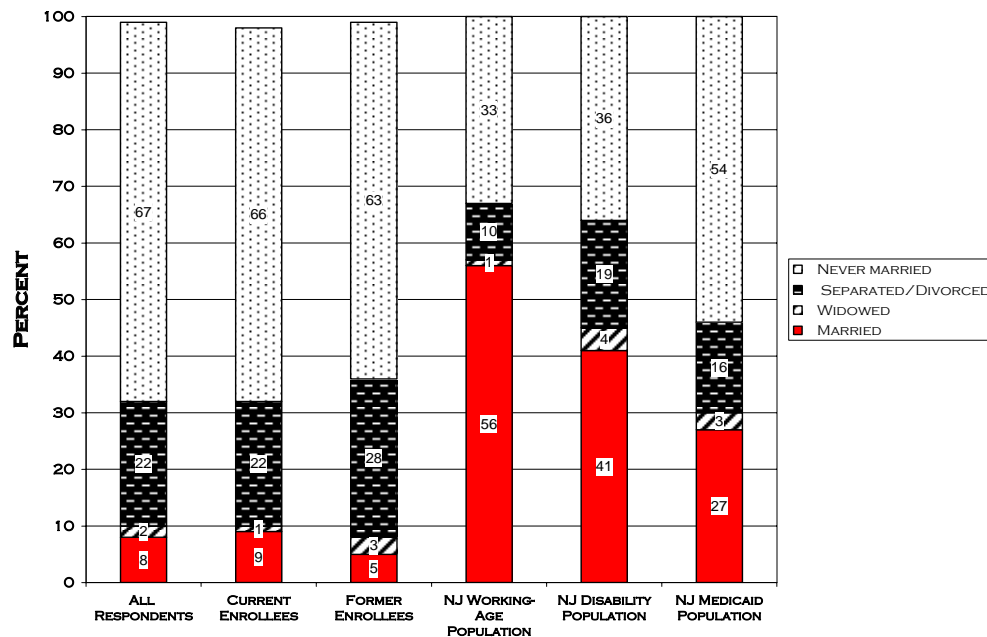
Source: NJ WorkAbility Survey & Current Population Survey.

Note: Numbers may not add to 100 due to rounding or non-response.

MARITAL STATUS

We find startling differences between NJ WorkAbility participants and our comparison populations in marital status. According to Figure 4.6 (and Appendix 4.1), NJ WorkAbility survey respondents (both current and former) were much less likely to be married and more likely to be divorced, compared to any of our comparison populations. NJ residents with disabilities or NJ non-TANF Medicaid recipients were also more likely to never have been married, compared to the NJ working age population. Roughly two out of three NJ WorkAbility participants had never been married.

Current program enrollees were slightly more likely to be married or never married, and slightly less likely to be divorced, compared to former program enrollees.

FIGURE 4.6**MARITAL STATUS BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

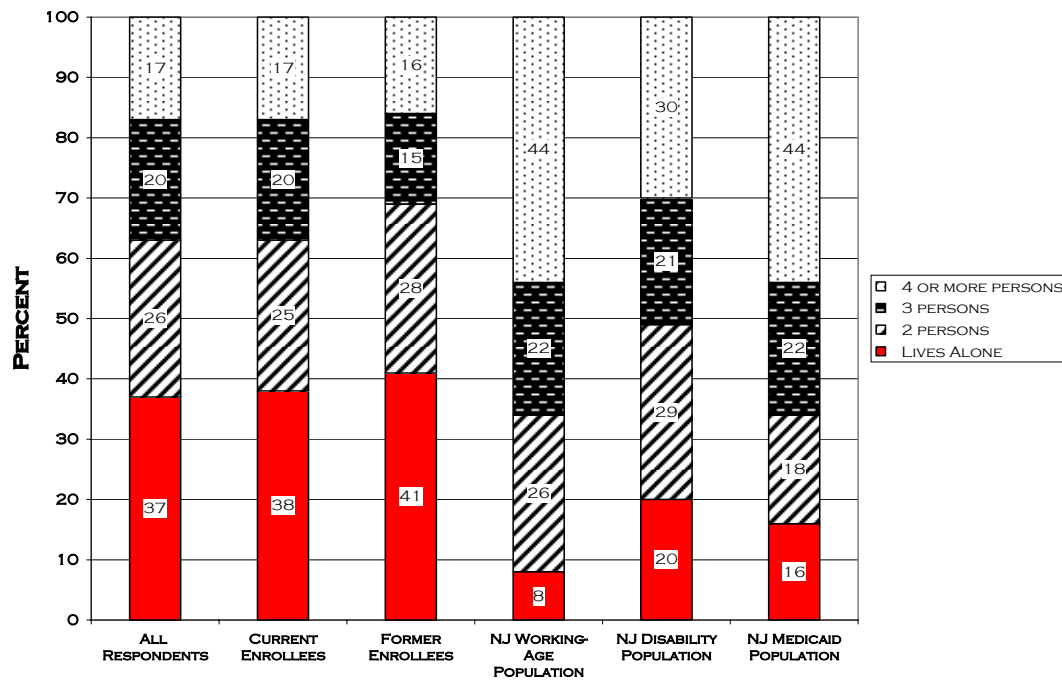
Source: NJ WorkAbility Survey & Current Population Survey.

Note: Numbers may not add to 100 due to rounding or non-response.

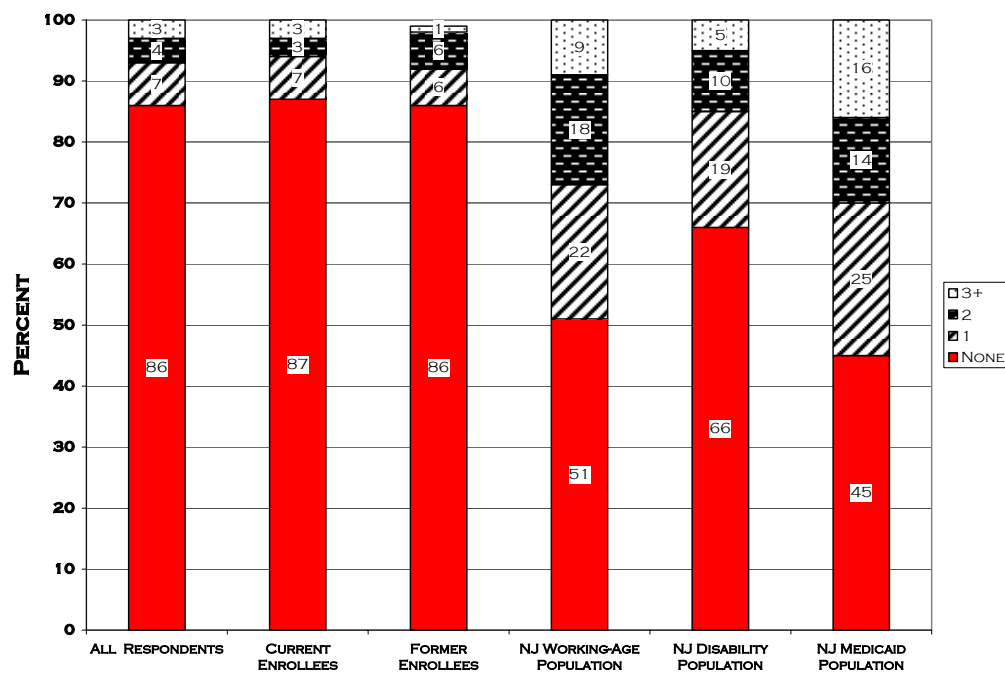
HOUSEHOLD SIZE AND CHILDREN

Figure 4.7 shows that NJ WorkAbility survey respondents lived in smaller households, compared to all working age adults and to working age non-TANF Medicaid recipients in New Jersey (data provided in Appendix 4.2). More than one out of every three survey respondents lived alone; this is 2 to 3 times the proportion of any CPS comparison group. This tendency was even more pronounced among former NJ WorkAbility program participants.

The overwhelming majority of our survey respondents (more than four out of every five respondents) lived in a household with no children (see Figure 4.8). While our general disability population estimates from the CPS data indicated that persons with disabilities were more likely to live in household with no children, this tendency was even more pronounced among NJ WorkAbility participants in our survey sample. This reflects both the presence of younger persons and the much higher representation of single (never-married) adults in the NJ WorkAbility sample.

FIGURE 4.7**HOUSEHOLD SIZE BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Source: NJ WorkAbility Survey & Current Population Survey.

FIGURE 4.8**NUMBER OF CHILDREN IN HOUSEHOLD BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Source: NJ WorkAbility Survey & Current Population Survey.

Note: Numbers may not add to 100 due to rounding or non-response.

HOUSEHOLD INCOME AND ASSETS

Many survey respondents are reticent about answering specific queries about their financial standing, including direct questions about their household income or assets levels. We present household income data in two ways: first as a dichotomous variable where respondents were asked whether their household income fell above or below \$25,000, and then as a semi-continuous variable where respondents were asked to provide more specific data on household income. The more general (dichotomous) household income question yielded fewer refusals than the more specific query.

Current and former NJ WorkAbility program participants were less well off, in terms of basic household economic status, compared to each of our comparison populations (see Table 4.1). More than three-quarters of surveyed program participants reported household income under \$25,000, compared to 39% of all working-age and disability adults in New Jersey, and 52% of non-TANF Medicaid recipients in New Jersey.

When we look at more specific household income reporting (at the bottom of Table 4.1), only 3% of NJ WorkAbility survey respondents reported that their annual household income exceeded \$50,000, compared to 69% of the general population, 39% of the disability population, and 24% of the non-TANF Medicaid population. No differences were observed between current and former NJ WorkAbility enrollees. This result should not be surprising, given that almost 37% of our respondents lived alone, compared to the disability working-age population in New Jersey, and thus rely solely on their own earnings and income from assets. Also, all NJ WorkAbility enrollees must remain within prescribed income and asset limits in order to remain eligible for NJ WorkAbility. When we looked solely at household income distribution among persons with disabilities who live alone, we find that 81% of NJ WorkAbility survey respondents who lived alone reported household incomes under \$25,000, compared to 78% of the working age disability population and 38% of the general population. After adjusting for household size, NJ WorkAbility participants were still slightly more economically more disadvantaged than New Jersey's disability population; the income gap was much larger compared to New Jersey's general population. We stress that this data should be interpreted with caution because of the very high level of non-response among our survey respondents to our detailed probes for household income. Given the sensitivity of this information, we also suspect that some underreporting of household income also occurred. It is likely, however, that NJ WorkAbility participants are more economically disadvantaged compared to most other NJ residents.

The survey questionnaire also probed for information on household asset levels. Specifically, survey respondents were asked to identify the amount of resources or assets that they held, not counting the value of their residence, their car, or any savings in retirement accounts such as IRAs. Not surprisingly, asset levels among our sample of current and former NJ WorkAbility participants were quite low; more than three out of five respondents (66%) told us that their household resources amounted to less than \$5,000 (see Table 4.2). Three-quarters or more of all survey respondents had less than \$10,000 in assets. Former program participants reported lower asset levels, compared to current enrollees. As with the household income questions, a large proportion of respondents (16%) could not or would not answer the asset question

TABLE 4.1**HOUSEHOLD INCOME BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Dichotomous Household Income (%)						
Under \$25,000	75	77	78	12	39	52
\$25,000 and over	16	16	16	88	61	48
Unknown	9	7	6	0	0.0	0.0
Semi-Continuous Household Income (%)						
Under \$5000	6	5	9	2	6	6
\$5000 – under \$10,000	17	13	24	2	10	14
\$10,000 – under \$15,000	22	26	19	3	10	11
\$15,000 – under \$20,000	15	19	10	2	7	11
\$20,000 – under \$30,000	11	11	11	7	12	16
\$30,000 – under \$40,000	5	5	3	7	7	8
\$40,000 – under \$50,000	2	2	2	8	9	10
\$50,000 – under \$75,000	2	3	0	20	15	14
\$75,000 and over	1	1	3	49	24	10
Unknown	19	15	19	0	0	0

Source: NJ WorkAbility Survey & Current Population Survey.**Note:** N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

TABLE 4.2**HOUSEHOLD RESOURCES BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Household Resources (%)	All Respondents	NJ WORKABILITY	
		Current Enrollees	Former Enrollees
Under \$5000	66	64	71
\$5000 – under \$7500	5	6	7
\$7500 – under \$10000	3	5	2
\$10,000 – under \$12,500	2	2	0
\$12,000 – under \$15,000	2	2	1
\$15,000 – under \$20,000	2	2	1
\$20,000 – under \$30,000	1	1	2
\$30,000 or more	3	3	5
Unknown	16	15	10

Source: NJ WorkAbility Survey.**Note:** N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

DISABILITY AND HEALTH CONDITIONS

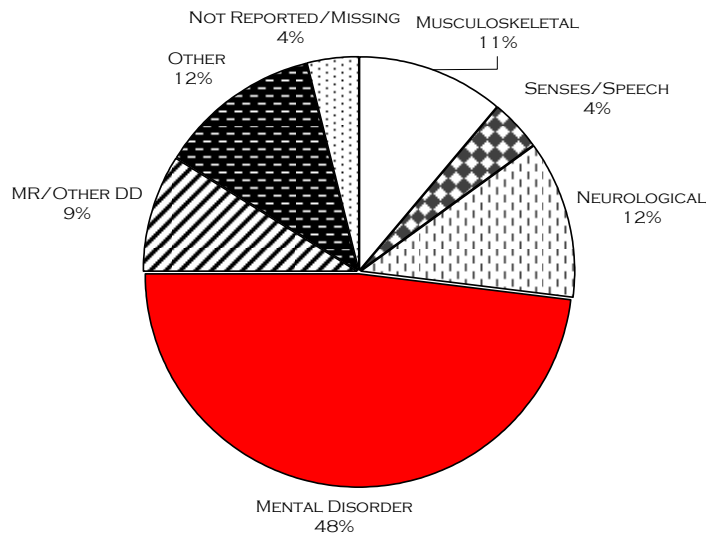
Survey respondents were asked to identify their primary disabling medical condition. Their responses are illustrated in Figure 4.9 for all survey respondents and in Appendix 4.3. More than two out of every five survey respondents (43%) had a mental health disability as their primary disabling condition; this percentage rises to 48% among current enrollees. Musculoskeletal disabilities caused by arthritis, herniated or degenerative disk problems, among other conditions, are reported by 13% of our survey sample. Almost 12% of our survey respondents reported a neurologically-based disability; these include seizure disorders, brain injury, cerebral palsy, multiple sclerosis, spina bifida, and spinal cord injury. A range of other disabling conditions were reported by 12% of our survey respondents, including respiratory conditions (asthma, emphysema, other chronic obstructive pulmonary conditions), cardiovascular conditions, various gastrointestinal and genito-urinary system conditions, and endocrinological conditions such as diabetes. Former program participants were more likely to have a physical (musculoskeletal) or some other disability, and less likely to report a mental health disability, compared to current program enrollees.

The very high representation of mental health disabilities among the NJ WorkAbility program population is consistent with the experience of Medicaid Buy-in programs in other states. Evaluations in Wisconsin (APS 2003), Connecticut (Porter, 2003), Vermont (Vermont Division of Vocational Rehabilitation, 2003), California (Salahuddin, 2003), Maine (Salley and Glantz, 2002), New Hampshire (Clark et al., 2004) and Minnesota (Martin and Owen (2004) all report relatively high participation in their programs by persons with schizophrenia, affective disorders, and other mental health disabilities. Goodman and Livermore (2004) note that these programs seem to attract a disproportionate share of persons with mental health disabilities, compared to the SSDI population. Health coverage through Medicaid may be especially attractive to this population, as it includes

coverage for outpatient mental health visits and prescription medications that is not available under Medicare or private insurance.

FIGURE 4.9

PRIMARY DISABILING CONDITION, ALL SURVEY RESPONDENTS

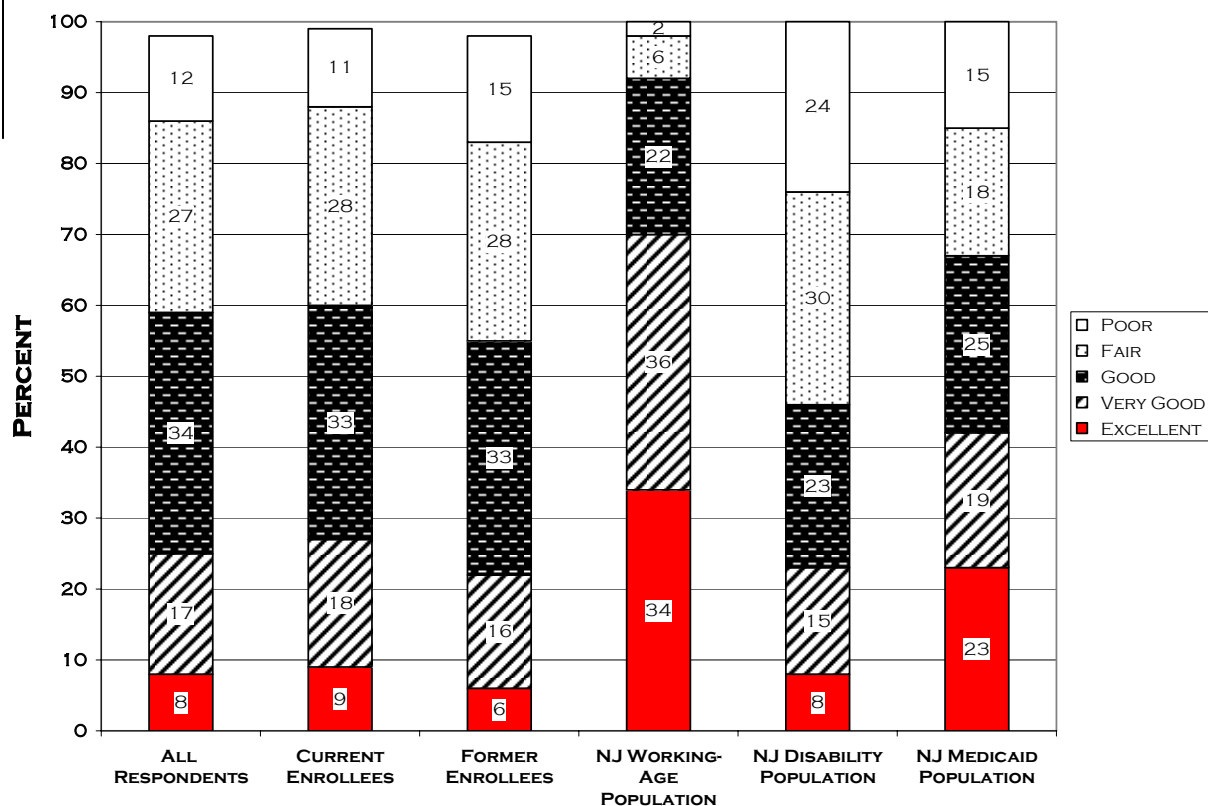


Source: NJ WorkAbility Survey.

More than 2 of every 5 respondents (43%) reported receiving some assistance from another person to perform various activities of daily living such as eating, dressing, personal hygiene, getting around inside or outside their home, housework or meal preparation, making decisions or managing finances, or in communicating with other (data in Appendix 4.3). Receipt of personal assistance was less pronounced among former program enrollees; only 39% of this survey group reported that they received such assistance.

When asked about their current health status, only 25% of all respondents to our telephone survey told us that their health was either “excellent” or “very good,” compared to 70% of all New Jersey working age residents (see Figure 4.10 and Appendix 4.4). However, our sample of current and former NJ WorkAbility program participants were somewhat healthier than the general disability population in New Jersey; 39% of our survey respondents reported that their health was “fair” or “poor”, while more than half (54%) of New Jersey’s disability population reported this level of health.

FIGURE 4.10
HEALTH STATUS BY NJ WORKABILITY AND CPS COMPARISON GROUPS



Source: NJ WorkAbility Survey & Current Population Survey.

Note: Numbers may not add up to 100 due to rounding or non-response.

DISCUSSION

Our focus in this chapter has been the demographic and socioeconomic characteristics of the NJ WorkAbility survey sample. For contextual analysis, we used CPS data to develop population estimates for comparison groups for other New Jersey populations.

Compared to New Jersey's working age disability population, NJ WorkAbility survey respondents were:

- *Less racially and ethnically diverse.* Eighty percent of the NJ WorkAbility survey sample was white, compared to 73% of the working age disability population in New Jersey. The proportion of Hispanics in the NJ WorkAbility survey sample (6%) was much lower than that found in the disability population (14%)
- *Better educated.* Twenty-five percent of NJ WorkAbility survey respondents had a college degree; the comparable figure for the disability population in New Jersey was 18%. Another 25% of the NJ WorkAbility survey sample reported at least some post-secondary education, compared to 14% of the working age disability population.

- *Much less likely to be married.* Only 8% of NJ WorkAbility survey respondents were married compared to 41% of the population with disabilities.
- *More likely to live alone.* Thirty-seven percent of the NJ WorkAbility survey sample lived alone, while 20% of the disability population did.
- *Somewhat healthier* (based on self-reports of health status). Only 39% of NJ WorkAbility survey respondents reported that their health was “fair” or “poor,” compared to 54% of the disability population.

Some of these differences could be explained by the fact that all NJ WorkAbility survey respondents are either currently or recently employed. People with disabilities who are better educated have an advantage in the labor market, as higher educational attainment leads to better employment opportunities. It is also not surprising that NJ WorkAbility survey respondents reported that they were generally in better health, compared to New Jersey’s working age disability population; people in poor health are less likely to be able to work.

The NJ WorkAbility survey sample was less racially-diverse, compared to New Jersey’s disability working age population. Also, the proportion of Hispanics in the NJ WorkAbility survey sample was less than half that observed in New Jersey’s working age disability population. This may, once again, reflect higher barriers to employment for Hispanics or other minority individuals with disabilities, but also may reflect poor access to state services (though the higher number of Hispanics in the non-TANF Medicaid population may belie this argument).

More than two out of five NJ WorkAbility survey respondents (43%) reported a mental health condition as their primary disability. Unfortunately, we have no comparable data on the prevalence of mental health conditions in New Jersey’s working age disability population. However, as noted above, surveys of Medicaid Buy-in program enrollees in several other states also reported a relatively high representation of persons with severe mental illness in their survey samples. Health coverage under Medicaid is also a highly attractive program feature for persons with severe mental illness. Compared to Medicare and many private health insurance plans, Medicaid currently provides much better coverage for prescription drug expenses and for outpatient mental health services. Prescription drug coverage under Medicaid in New Jersey is particularly generous, providing access to a full range of pharmaceuticals with no co-payment. However, as we will see below in Chapter 9, many of our survey respondents also had health coverage under Medicare. The introduction of an outpatient prescription benefit under Medicare, scheduled to begin in 2006, will replace the prescription drug benefit received by Medicare-Medicaid dual eligible beneficiaries. As currently conceived, the Medicare prescription benefit will be more restrictive than New Jersey’s Medicaid prescription benefit, with both a co-payment and the use of drug formularies (lists of approved medications), which could potentially restrict this population’s access to especially efficacious medications. We cannot predict whether or how the introduction of a Medicare prescription drug benefit will affect participation in NJ WorkAbility among persons with mental health disabilities or, for that matter, any other NJ WorkAbility enrollee with very high prescription drug expenses who is heavily dependent on Medicaid to pay for their prescriptions.

APPENDIX 4.1**DEMOGRAPHIC CHARACTERISTICS BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Gender (%)						
Male	51	50	54	49	46	44
Female	49	50	46	51	54	56
Age (%)						
Under 30 years	10	8	14	27	13	34
30-39 years	28	30	29	23	19	22
40-49 years	34	34	34	24	25	20
50-59 years	20	22	14	19	29	18
60-64 years	5	6	4	6	14	6
65+ years	2	0	4	NA	NA	NA
Unknown	1	0	1	NA	NA	NA
Average Age (years)	43	43	42	39	45	37
Race (%)						
White	80	83	74	78	73	59
Black	16	14	19	14	24	36
Native American	<1	<1	0	<1	<1	1
Asian/Pacific Islander	1	1	1	7	2	3
Other	1	1	2	1	1	1
Unknown	2	1	4	0	0	0
Hispanic (%)	6	6	7	14	14	26
Education (%)						
Less than High School	11	7	17	14	27	35
High School Diploma	37	34	32	30	41	38
Some College	25	28	21	17	14	14
College Degree	25	28	26	39	18	13
Other*	2	3	3	0	0	0
Unknown	<1	0	1	0	0	0
Marital Status (%)						
Married	8	9	5	56	41	27
Widowed	2	1	3	1	4	3
Divorced	18	18	23	8	13	10
Separated	4	4	5	2	6	6
Never married	67	66	63	33	36	54
Living together	<1	<1	1	NA	NA	NA
Unknown	<1	1	0	0	0	0

Source: NJ WorkAbility Survey & Current Population Survey.

Note: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

APPENDIX 4.2**HOUSEHOLD CHARACTERISTICS BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Household Size (%)						
Live Alone	37	38	41	8	20	16
2 persons	26	25	28	26	30	18
3 persons	20	20	15	22	21	22
4 or more persons	17	17	16	44	29	44
Unknown	<1	0	1	NA	NA	NA
Average Household Size (persons)	2.3	2.3	2.1	3.3	2.7	3.3
Number of Children (%)						
No Children	86	87	86	51	66	45
1 child	7	7	6	22	19	25
2 children	4	3	6	18	10	14
3 or more children	3	3	1	9	5	16
Unknown	<1	0	1	0	0	0
Average Number of Children	0.2 children	0.3 children	0.2 children	0.9 children	0.6 children	1.1 children

Source: NJ WorkAbility Survey & Current Population Survey.

Note: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

APPENDIX 4.3**PRIMARY DISABLING CONDITION AND RECEIPT OF PERSONAL ASSISTANCE BY NJ WORKABILITY GROUP**

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Primary Disability (%)			
Musculoskeletal	13	11	17
Senses/Speech	5	4	8
Neurological	12	12	9
Mental Disorder	43	48	37
Mental Retardation or other		9	6
Developmental Disability	8		
Other	12	12	16
Not Reported/Missing	7	4	7
Receives Personal Assistance at Home (%)			
Yes	43	45	39
No	56	54	60
Not Reported/Missing	1	1	1

Source: NJ WorkAbility Survey.

Note: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

APPENDIX 4.4**HEALTH STATUS BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Self-reported health status						
(%)						
Excellent	8	9	6	34	8	23
Very Good	17	18	16	34	15	19
Good	34	33	33	22	23	25
Fair	27	28	28	6	30	18
Poor	12	11	15	3	24	15
Unknown	2	1	2	0	0	0

Source: NJ WorkAbility Survey & Current Population Survey.

Note: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

CHAPTER 5

NJ WORKABILITY PROGRAM ENROLLMENT AND EXPERIENCE

One objective of this evaluation was to describe who enrolled in NJ WorkAbility in terms of their disability benefit status and prior Medicaid use. We also wanted to document the experiences of NJ WorkAbility program enrollees in their initial encounters with this program, including both the process through which they learned about and enrolled in the program and their experiences with obtaining information and services from their Medicaid caseworkers. The telephone survey included questions on the mode of entry into the program; survey respondents were also asked to rate their ease of entry into

the program and the quality of their interactions with both county Medicaid caseworkers and with the information and referral services provided by DDS. This information was augmented by our focus group discussions, which also included program enrollment experience. Medicaid eligibility files (described above in Chapter 3) provided additional insights into NJ WorkAbility enrollment patterns.

PROGRAM ENROLLEES: WHERE DO THEY COME FROM?

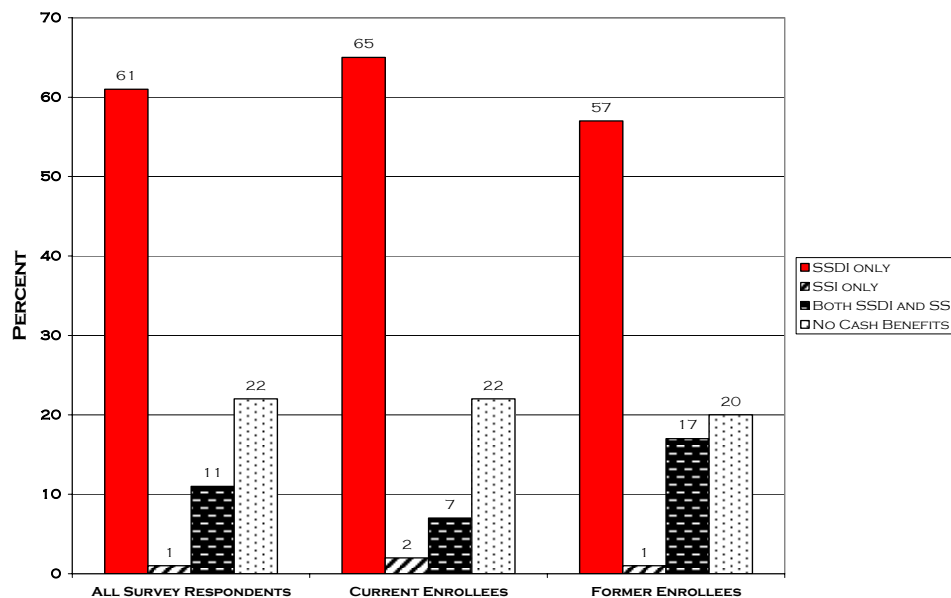
As detailed in Chapter 2, Medicaid Buy-in program beneficiaries are likely to come from disability benefits programs, specifically cash benefit programs provided by the Social Security Administration and/or from existing state-based (and federally-funded) Medicaid programs that serve persons with disabilities. This section provides more detail on the participation of our NJ WorkAbility survey respondents in these other disability programs.

RECEIPT OF SOCIAL SECURITY CASH BENEFITS

Social Security Disability Insurance (SSDI) recipients formed the bulk of NJ WorkAbility's current and former enrollees. As shown in Figure 5.1 and Appendix 5.1, more than seven out of every ten survey respondents were receiving cash benefits through SSDI, either alone or in conjunction with SSI cash benefits, at the time of their interview.¹ Sixty-one percent received only SSDI benefits, while another 10% also received SSI benefits. Former NJ WorkAbility enrollees were slightly more likely to be on the SSDI rolls (with or without concurrent receipt of SSI), compared to current enrollees. Only 12% of our survey respondents reported that they received SSI benefits, with most SSI beneficiaries also receiving SSDI concurrently.² Among former NJ WorkAbility enrollees, 18% received SSI, compared to 9% of current enrollees. Just over one out of every five survey respondents reported that they received no cash benefits through either SSDI or SSI.

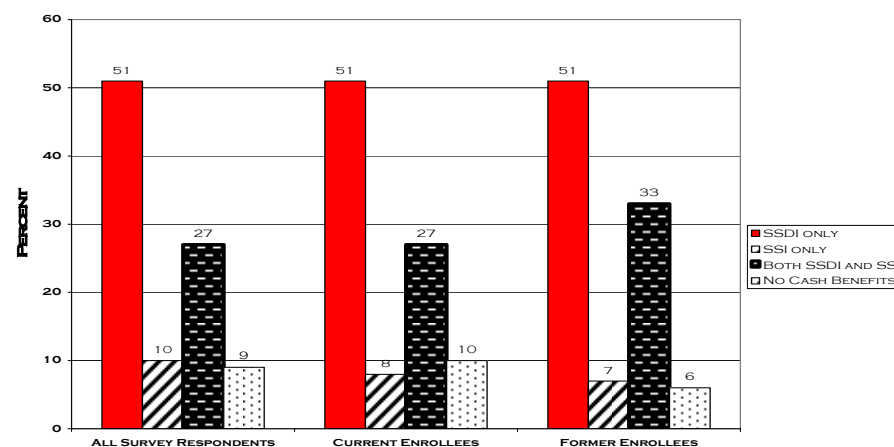
¹ This stands in sharp contrast with New Jersey's disabled and non-TANF Medicaid population, where 25 percent and 12 percent of these populations, respectively, received SSDI cash benefits.

² In contrast to SSDI, SSI recipients are under-represented in our NJ WorkAbility sample, compared to their representation in New Jersey's working age disabled population. According to data from the CPS (March 2002, 2003, and 2004), 23 percent of New Jersey's working age population with disabilities received SSI cash benefits, as opposed to 12 percent of our survey respondents.

FIGURE 5.1**DISTRIBUTION OF SURVEY RESPONDENTS BY CURRENT DISABILITY BENEFIT STATUS**

Source: NJ WorkAbility Survey.

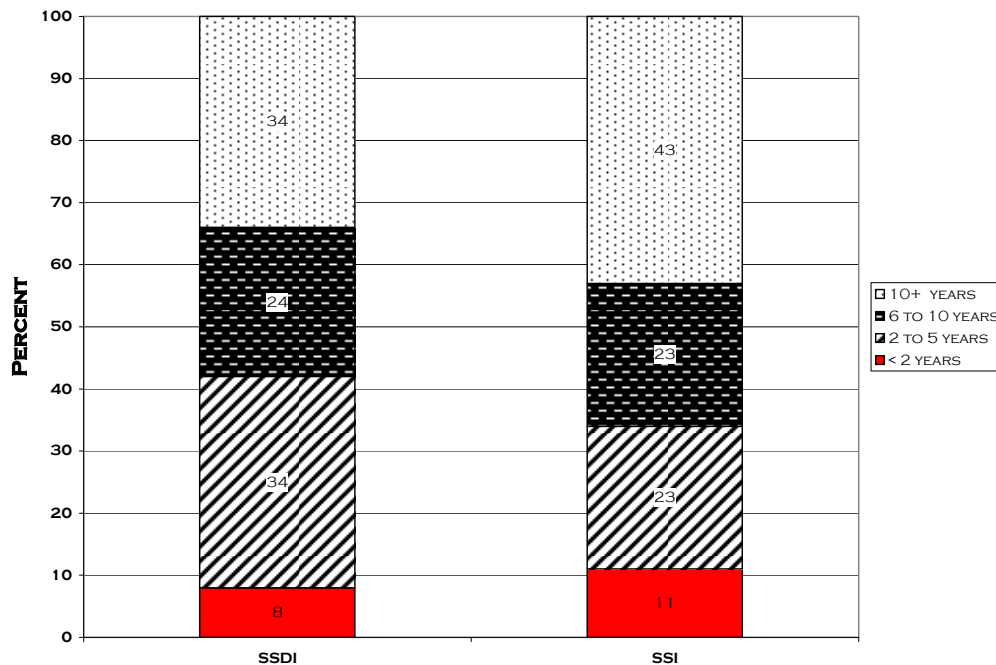
Almost all of our survey respondents had some history of receipt of SSDI and/or SSI cash benefits. Less than one out of ten survey respondents (9%) told us that they had never received either SSDI or SSI (see Figure 5.2 and Appendix 5.1). Almost eight out of ten respondents (78%) reported current or prior receipt of SSDI benefits, with one out of ten (10%) also having experience with receipt of SSI benefits. Thus, a small number of survey respondents (6%) once received SSDI, but were no longer on the SSDI cash benefit rolls when surveyed. We cannot assume, however, that these individuals left SSDI because of their enrollment in NJ WorkAbility. Current or prior receipt of SSDI benefits was slightly higher among former NJ WorkAbility enrollees, compared to current enrollees.

FIGURE 5.2**DISTRIBUTION OF SURVEY RESPONDENTS BY BENEFITS HISTORY**

Source: NJ WorkAbility Survey.

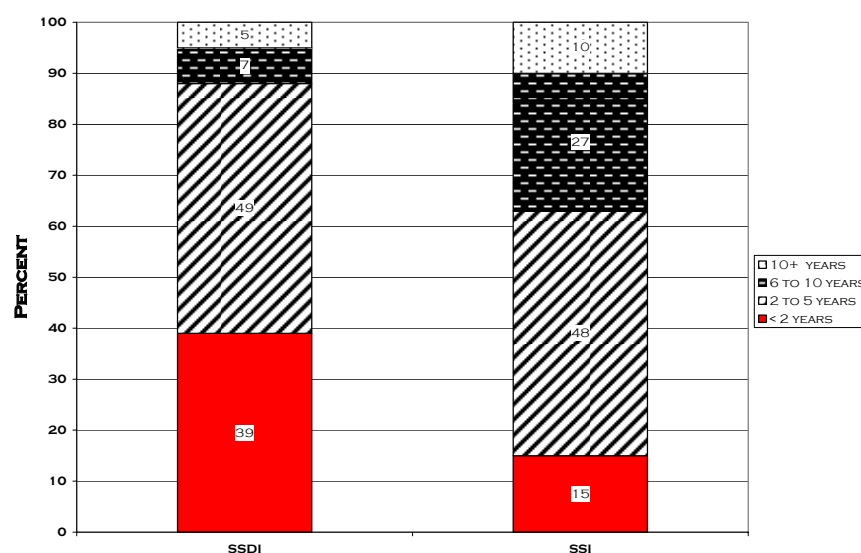
More than a third of our survey respondents (37%) reported that they had current or prior receipt of SSI benefits, with most (27% of all respondents) also reporting receipt of SSDI benefits. Whereas most individuals with a history of SSDI benefits were still on the SSDI rolls at the time of the survey, this is not the case for SSI, where most respondents with a history of SSI benefits had left the SSI rolls before they were surveyed. As with persons no longer on SSDI, we cannot assume that individuals left SSI because of their involvement with NJ WorkAbility, as they may have disenrolled from SSI even before enrollment in NJ WorkAbility.

More than half of our survey respondents (58%) who currently received SSDI had been on the SSDI rolls for more than 5 years (see Figure 5.3 and Appendix 5.2). Among the relatively small number of current SSI beneficiaries in our sample, two-thirds (66%) were longer-term recipients, defined as receiving SSI cash benefits for more than five years (see Figure 5.3 and Appendix 5.2).

FIGURE 5.3**TIME ON BENEFIT ROLLS FOR CURRENT SSDI AND SSI BENEFICIARIES**

Source: NJ WorkAbility Survey.

Of the very small number of former SSDI recipients who had left the SSDI rolls, about 40% left within the two years prior to the survey, and close to half (49%) left the SSDI rolls between two and five years prior to the survey (see Figure 5.4 and Appendix 5.2). Looking at former SSI beneficiaries in the NJ WorkAbility survey sample, more than 6 out of ten (63%) left the SSI rolls within the last five years.

FIGURE 5.4**TIME OFF BENEFIT ROLLS FOR FORMER SSDI AND SSI BENEFICIARIES**

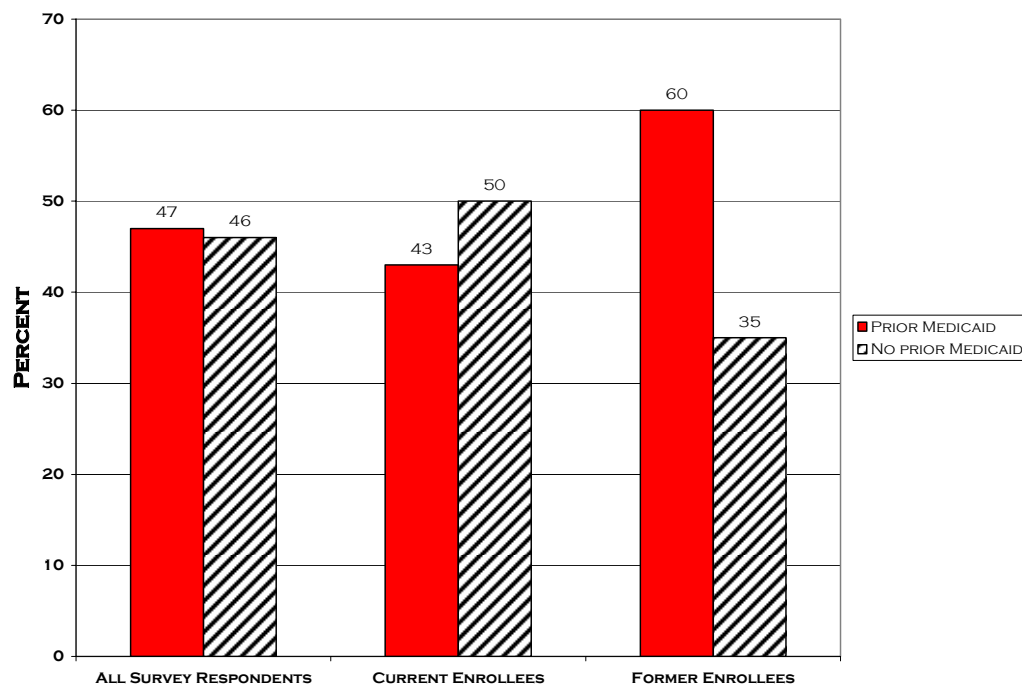
Source: NJ WorkAbility Survey.

The preponderance of SSDI cash benefit recipients among current and former NJ WorkAbility enrollees parallels the experiences of Medicaid Buy-in programs in other states. In their cross-state comparison of Medicaid Buy-in programs across 15 states, Fishman and Cooper (2004) found higher than expected enrollment of SSDI recipients in these state programs, relative to SSI recipients; 80% of Medicaid Buy-in program enrollees were SSDI recipients. Likewise, Ireys et al (2003) report that the proportion of SSDI beneficiaries among Medicaid Buy-in programs exceeded 80% or better in 10 of the 21 states for which this data was available. Fishman and Cooper (2004) and Goodman and Livermore (2004) suggest that the intended work incentive effects of Medicaid Buy-in programs to the SSI population may be offset in part by existing work incentives to this population through Section 1619. The typical SSI beneficiary also has limited, if any, work experience, which affects both attractiveness to potential employers and personal confidence in the ability to compete in the labor market. Finally, NJ WorkAbility also encourages participation by the SSDI population by eliminating SSDI cash benefits as countable income for purposes of determining income eligibility.

PRIOR MEDICAID ENROLLMENT

When asked if they were already receiving Medicaid health coverage, less than half of the survey respondents who were asked this question (47%) told us that they were already receiving Medicaid prior to their enrollment in NJ WorkAbility; most likely they were enrolled either under NJ Cares or under New Jersey's medically needy option (see Figure 5.5 and Appendix 5.3).³ Current NJ WorkAbility enrollees were less likely to have moved from another Medicaid program into NJ WorkAbility; almost 60% of former enrollees also had Medicaid coverage when they enrolled in NJ WorkAbility, compared to 43% of current NJ WorkAbility enrollees in the survey sample.

³ Only those survey respondents who were familiar with NJ WorkAbility (432 respondents) were asked about prior Medicaid reciprocity.

FIGURE 5.5**PRIOR MEDICAID RECEIPT BY NJ WORKABILITY GROUP**

Source: NJ WorkAbility Survey.

However, an almost equal number of respondents (46%) were not already enrolled in a Medicaid program prior to their enrollment in NJ WorkAbility. The percentage of prior Medicaid recipients enrolled in NJ WorkAbility was lower than the experience of some other states, where anywhere from 54 to 65% of Medicaid Buy-in program enrollees were already enrolled in another Medicaid program (Liu, Ireys, White, and Black, 2004). However, prior Medicaid enrollment reported by our survey respondents was much higher than program statistics provided to the Centers for Medicaid and Medicare Services by New Jersey in its 2002 State Annual Buy-In Report. According to this data, 7% of first time NJ WorkAbility enrollees in 2002 were prior Medicaid recipients (Ireys et al., 2003).

PROGRAM NAME RECOGNITION AND ENROLLMENT

A total of 432 telephone survey respondents (or 84% of 515 respondents) recognized NJ Workability by either name or program description. However, one out of ten respondents who were familiar with the program (i.e., who recognized NJ WorkAbility either by name or by program description) could not tell us whether they were currently enrolled.

PROGRAM AWARENESS

The lack of “name recognition” among 16% of our survey participants, even when interviewers used other common names, such as “Ticket to Work” program or “Medicaid Buy-in program,” was not entirely unexpected, given the survey experience of similar programs in other states. Some respondents to a telephone survey regarding the Medicaid Buy-in program in Utah claimed to have no knowledge of this program, even though they were documented program applicants or enrollees (Julnes, Liese, Nolan, et al., 2003). Evaluators for New Mexico’s Medicaid Buy-in program reported that 28% of respondents to a mail survey sent to program enrollees said that they first heard about the program in the introductory letter sent out by the evaluators prior to the survey (Alcantara and Ulibarri, 2003). Similar situations arose in Connecticut (Porter, 2004), Maine (Salley and Glantz, 2002), and Vermont (Vermont Division of Vocational Rehabilitation, 2003). In Connecticut, one out of three survey respondents did not know that they were enrolled in a Medicaid Buy-in program; in Vermont, 20% of survey respondents provided a similar response. Almost two-thirds (64%) of respondents to Maine’s beneficiary survey claimed to be unaware of the Medicaid Buy-In program that currently or formerly provided their Medicaid coverage.

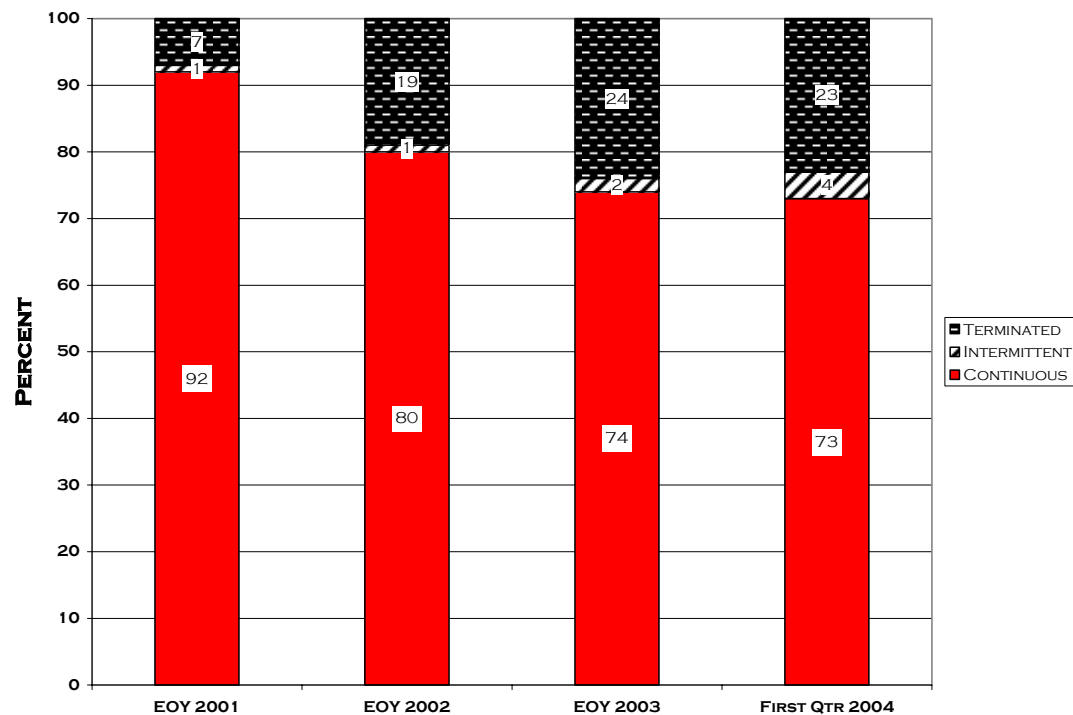
Even those survey respondents who recognized NJ WorkAbility, either by name or by program description, exhibited some confusion about the program. Fourteen percent told us that they were enrolled in the program prior to 2001, or before NJ WorkAbility was implemented. It is possible that some of these respondents may have erroneously provided their initial Medicaid enrollment date for another Medicaid option; they may have later moved from this Medicaid program to NJ WorkAbility once NJ WorkAbility became available. We know, from our conversations with county-based Medicaid office supervisors, that caseworkers would identify employed Medicaid recipients enrolled under NJ Cares or another Medicaid option and move them to NJ WorkAbility. This activity might also explain, in part, the confusion among 10% of our program-knowledgeable respondents who did not know whether they were currently enrolled in NJ WorkAbility.

ENROLLMENT/DISENROLLMENT TRENDS

As in other Medicaid Buy-In programs, enrollment in NJ WorkAbility climbed on a relatively steady path from the initial reported enrollment of 55 persons at the beginning of 2002 to the most recent report of 1,282 enrollees at the end of the third quarter of 2004 (obtained from quarterly and annual program reports submitted to CMS by the NJ Department of Human Services, Division of Disability Services). Data obtained from the Medicaid eligibility files on NJ WorkAbility enrollment shows that, as of April 1, 2004, there were 1,154 persons enrolled in the program; another 351 persons had been enrolled in NJ WorkAbility in the past, but had terminated their enrollment prior to this date.

There appears to be very little “churn” or movement on and off the program. As of April 1, 2004, 73% all current and former NJ WorkAbility enrollees were continuously enrolled in the program; another 4% were current but intermittent enrollees who had previously terminated their enrollment and then re-entered the program (see Figure 5.6). Thus, the majority of current enrollees were continuously enrolled in NJ WorkAbility since their initial entry into the program. The remaining 23% were former NJ WorkAbility enrollees who had terminated their enrollment and had not, as of

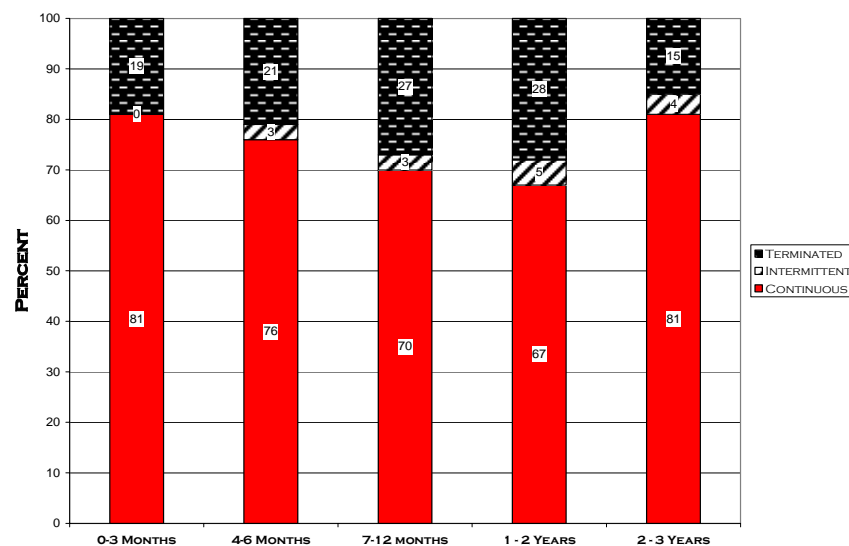
April 1, 2004, returned to the program. As we would expect over time, the percentage of former enrollees increased, and the percentage of active enrollees declined. Few program enrollees appeared to cycle on and off the program, as indicated by the small percentages of intermittent enrollees.

FIGURE 5.6**HISTORICAL TRENDS IN NJ WORKABILITY ENROLLMENT**

Source: DMAHS.

When we analyzed enrollment by length of time on program, we found an interesting pattern. The percentage of continuously-enrolled program participants declined as the length of enrollment increased, from 81% among those enrolled 3 months or less to 67% among those who enrolled between one and two years ago. However, the percentage of those current and former program enrollees who remain continuously enrolled in the program as of April 1, 2004 rose to 81% among those who enrolled early on (during 2001 and into the first quarter of 2002 (see Figure 5.7).

What prompts NJ WorkAbility enrollees to leave this program? A total of 55 survey respondents who were not enrolled in NJ WorkAbility at the time of their interview were asked why they left the program. Their verbatim responses were coded into several distinct categories and are reported in Table 5.1. Loss of employment, either for health reasons or because they were laid off, were fired, or had to leave employment for some other reason, was cited by almost half of these respondents (43%). Health or disability was the underlying cause for loss of employment for more than one half of these respondents. About one in ten former enrollees (9%) stated that they were no longer enrolled because their earnings or assets exceeded maximum levels specified for program eligibility. Another 13% reported that they were never in the program. We could not identify, or were unable to accurately classify, 23% of the responses.

FIGURE 5.7**ENROLLMENT STATUS BY LENGTH OF TIME SINCE FIRST ENROLLED AS OF APRIL 1, 2004**

Source: DMAHS.

TABLE 5.1**REASONS FOR DISENROLLMENT OF FORMER ENROLLEES**

Reason for Disenrollment (%)	Former Enrollees
No longer employed	43
Health/disability/injury	23
Other reason	20
Exceeded earnings/asset limits	9
Did not comply with reporting requirements	2
Aged out of program	4
Other	5
Was never in the program	13
Don't know	11
Unable to code	13

Source: NJ WorkAbility Survey.

Note: N = 55.

When asked how they had first heard of NJ WorkAbility, survey respondents cited a wide range of initial sources of information; their responses are categorized in Table 5.2. Medicaid eligibility workers were the most frequently cited initial source of information about NJ WorkAbility; just about three out of ten (30%) of our survey respondents identified their local Medicaid office/Board of Social Services contacts as their initial source of information. This underscores the importance of a well-informed frontline staff and caseworkers in the county-based Medicaid offices who are

knowledgeable about NJ WorkAbility program requirements and provisions and who can accurately identify eligible individuals and communicate the essential program elements to program eligibles.

TABLE 5.2**INITIAL SOURCE OF PROGRAM INFORMATION/CONTACT BY NJ WORKABILITY GROUP**

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
First heard about NJ WorkAbility through: (%) ^a			
County Board of Social Services	30	30	30
NJ Division of Disability Services	6	7	5
NJ WINS (Benefits Counselor)	3	3	1
Social Security Administration	12	11	17
NJ Division of Vocational Rehabilitation	3	3	3
Health care provider/coverage	8	8	7
Employer/employment counselor	5	6	1
Other non-profit agency	9	7	13
News media or Internet	4	4	2
Word of mouth (family member, friend, or other program client)	11	12	11
“Through the mail” (unspecified source)	4	4	5
Other	4	4	4
“Through this survey”	1	1	1
First contact with NJ WorkAbility through: (%) ^b			
County Board of Social Services	41	41	42
NJ Division of Disability Services (Toll-free hotline)	16	17	15
Other	26	26	24
Don’t know/ Refused	17	16	19

Source: NJ WorkAbility Survey.

Notes: ^a N All Respondents = 388; N Current Enrollees = 296; N Former Enrollees = 86.

^b N All Respondents = 432; N Current Enrollees = 324; N Former Enrollees = 96.

Another important source of initial program information was the Social Security Administration (SSA), either through SSA mailings or brochures that announced the availability of Medicaid coverage through NJ WorkAbility, or through direct contacts with field office staff. Other sources of program information included word of mouth from other program enrollees (or family members or friends), health care providers and non-profit agencies serving persons with disabilities, and employers or employment agencies or counseling services. Our focus group sessions reaffirmed these survey findings. Several participants were enrolled directly through their Boards of Social Services as they first applied for Medicaid or because they were already on Medicaid. Others heard about NJ WorkAbility through their case manager, social workers, or other service provider, or through an advocacy organization such as the Mental Health Association. At least some enrollees came across NJ WorkAbility almost accidentally, because they happened to pick up a hospital newsletter and read it, or because they happened to attend a conference on disability.

As described in Chapter 2, potential NJ WorkAbility enrollees could enter NJ WorkAbility either directly through their local county-based Medicaid office or through the information and referral service offered by the DDS. In this latter case, DDS would forward contact information for prospective program participants to the appropriate county Medicaid office, which would then contact the prospective enrollee and determine program eligibility. Just over four out of every ten survey respondents who were familiar with NJ WorkAbility told us that they entered the program directly through their local Medicaid office; another 17% reported that they entered the program through their contact with DDS (see Table 5.2). However, 40% of these respondents enrolled through some other unspecified venue or could not identify how they enrolled in NJ WorkAbility. We suspect that these responses understate the population's rate of entry into the program through DDS. Informed sources from several county-based Medicaid offices, including the counties with the largest NJ WorkAbility enrollments, indicated that referrals to the program from DDS comprised large proportions of their enrollment. Survey respondents also may not have made the connection between their initial conversations with DDS case managers and the follow-up letters and contacts that they received from their county Medicaid office.

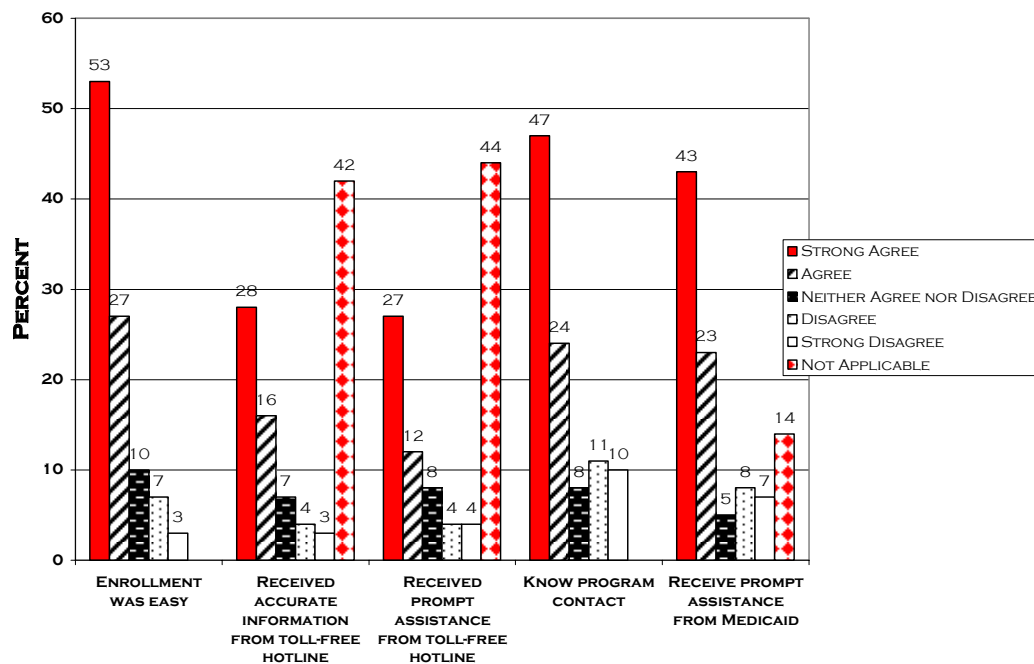
PROGRAM EXPERIENCE

Telephone survey respondents who were familiar with NJ WorkAbility were asked to react to a series of statements describing possible experiences with NJ WorkAbility enrollment and subsequent processes. They were asked to identify how strongly they agreed or disagreed with these statements on a five-point scale with responses ranging from strongly agree (1) to strongly disagree (5). Their responses are summarized below as a percentage of the response, excluding “do not know” responses, for the entire sample and subgroups (current and former enrollees). We also examined responses relating to experiences with county-based Boards of Social Services for specific counties (Bergen, Burlington, Middlesex, Monmouth, and Ocean counties) where large numbers of telephone survey respondents reside.

EASE OF ENROLLMENT

Most telephone respondents agreed with the statement, “Enrolling in NJ WorkAbility was easy” (see Figure 5.8 and Appendix 5.4). Overall, 80% of eligible survey respondents either strongly agreed or somewhat agreed with this statement. No substantive differences emerge when we compared current and former enrollees. Looking at the counties with larger program enrollments, we found that satisfaction with the enrollment process was especially high in Bergen County (see Table 5.3), with 86% of Bergen county respondents in agreement. Respondents from Middlesex County, on the other hand, were a bit less likely to term their NJ Work Ability enrollment experience as “easy”; only 78% tended to agree that enrollment was “easy.” Ease of enrollment was also confirmed by our focus group participants, most of whom reported no problems with being enrolled in NJ WorkAbility.

FIGURE 5.8
PROGRAM EXPERIENCE



Source: NJ WorkAbility Survey.

TABLE 5.3
PROGRAM EXPERIENCE: EASE OF ENROLLMENT BY COUNTY

Enrolling in NJ WorkAbility was easy (%)	Total	BY COUNTY					
		Bergen	Burlington	Middlesex	Monmouth	Ocean	All Others
Strongly Agree	53	60	51	51	47	55	53
Somewhat Agree	27	26	30	26	35	31	24
Neither Agree nor Disagree	10	7	6	10	3	11	13
Somewhat Disagree	7	2	7	13	12	3	7
Strongly Disagree	3	5	6	0	3	0	3

Source: NJ WorkAbility Survey.

Notes: N Total = 398; N Bergen = 42; N Burlington = 53; N Middlesex = 31; N Monmouth = 34; N Ocean = 36; N All Others = 202.

USE OF PROGRAM HOTLINE

As indicated earlier in Chapter 2, the DDS operates a toll-free hotline which provides information and referral services to persons with disabilities; this operation also provides a point of entry into NJ WorkAbility. Only 58% of program-knowledgeable survey respondents had called this toll-free

program hotline. Most survey respondents (44%) agreed that they received accurate information from this source; former enrollees (49%) were slightly more likely to agree with this statement (see Figure 5.8 and Appendix 5.4).

When asked if they felt that they had received prompt assistance from the program hotline, 39% of respondents agreed; this percentage was somewhat higher (43%) among respondents who were not currently enrolled in the program. Once again, however, this question did not apply to a very large number of respondents (44%) who did not utilize the program hotline.

CASEWORKER ASSIGNMENT

Once enrolled, Medicaid recipients, including NJ WorkAbility enrollees, should be assigned to a caseworker at their local county-based Medicaid office; this caseworker will be the first point of contact for any questions or issues that affect program status or eligibility. Telephone survey respondents were asked about their degree of agreement with the statement, “If I have a question about NJ WorkAbility, I know who to ask.” Over seven out of ten respondents (71%) agreed with this statement (see Figure 5.8 and Appendix 5.4). Agreement with this statement was especially strong among respondents residing in Burlington County (83%) and low in Middlesex (51%) (see Table 5.4).

ASSISTANCE FROM COUNTY BOARD OF SOCIAL SERVICES

When asked if they received prompt assistance when they called their local Medicaid office at the County Board of Social Services with a question or issue, two out of three survey respondents (66%) strongly or somewhat agreed (see Figure 5.8 and Appendix 5.4). It is interesting to note, however, that 14% of our respondents told us that this question was not applicable because they did not contact their local Board of Social Services.

Prompt response from Board of Social Services staff is especially evident in Bergen and Burlington counties, where 79% and 72% of respondents, respectively, agreed that they receive prompt assistance from their local Medicaid office (see Table 5.5).

TABLE 5.4

PROGRAM EXPERIENCE: HAVE KNOWLEDGEABLE CONTACT, BY COUNTY

If I have a question about NJ WorkAbility, I know who to ask (%)	Total	BY COUNTY					All Others
		Bergen	Burlington	Middlesex	Monmouth	Ocean	
Strongly Agree	47	55	51	18	36	45	50
Somewhat Agree	24	12	32	33	36	26	21
Neither Agree nor Disagree	8	9	4	9	15	13	7
Somewhat Disagree	11	17	7	24	0	3	11
Strongly Disagree	10	7	6	15	12	13	11

Source: NJ WorkAbility Survey.

Notes: N Total = 400; N Bergen = 42; N Burlington = 53; N Middlesex = 33; N Monmouth = 33; N Ocean = 38; N All Others = 201.

TABLE 5.5**PROGRAM EXPERIENCE: RECEIVED PROMPT ASSISTANCE BY COUNTY**

Received prompt assistance from County Board of Social Services (%)	Total	BY COUNTY					
		Bergen	Burlington	Middlesex	Monmouth	Ocean	All Others
Strongly Agree	43	50	49	36	42	51	40
Somewhat Agree	23	29	23	31	19	15	22
Neither Agree nor Disagree	5	2	6	6	5	2	7
Somewhat Disagree	8	2	9	11	6	5	9
Strongly Disagree	7	5	6	8	11	10	6
Not Applicable	14	12	7	8	17	17	16

Source: NJ WorkAbility Survey.

Notes: N Total = 414; N Bergen = 42; N Burlington = 53; N Middlesex = 36; N Monmouth = 36; N Ocean = 41; N All Others = 206.

OTHER PROGRAM ISSUES

Additional issues relating to program operations or processes emerged in our focus group discussions. A large number of participants felt that NJ WorkAbility needed more publicity or a campaign to raise public awareness of the program. More than one participant, for example, suggested that the Social Security Administration (SSA) should routinely publicize the availability of NJ WorkAbility to persons on SSDI or SSI. As noted above, SSA is already a good source of information on Medicaid Buy-in programs. The suggestion for more publicity came from a wide range of participants, from those who learned about the program through some structured information dissemination (for example, from their Medicaid caseworker or through a disability advocacy or service organization) to those who seemingly just stumbled across the program on their own. The general feeling, however, was that there were other people with disabilities in New Jersey who could benefit from this program if only they knew about it.

Our focus group members included, in large part, persons with disabilities who received cash benefits (typically SSDI) and may receive other benefits (such as Section 8 housing) as well. They had specific questions about NJ WorkAbility rules governing income and resource limits, and also how changes in their employment scenario (such as working more hours, taking a job at higher pay, or an interruption in their employment) would affect their NJ Workability coverage, as well as other benefits that they may receive. Many had difficulty in negotiating the disability benefits system. They wanted to make good decisions about their future, but feel that they lack sufficient information on which to base their decisions.

County-based Medicaid caseworkers cannot be experts in all aspects of both federal and state disability systems. NJ WorkAbility enrollees cannot receive accurate answers to their questions

relating, for example, to earnings and assets limits for SSI or SSDI or SSDI work incentive programs, from Medicaid case workers. Similarly, NJ WorkAbility case managers based within DDS do not have the expertise to help NJ WorkAbility enrollees assess impacts of their employment decisions on their cash benefits status. Federally-funded benefits planning, assistance, and counseling services authorized and funded under TWWIIA are available to New Jersey residents with disabilities who have questions about possible impacts of employment-related decisions on their cash benefits or health coverage. Our sense, however, is that many NJ WorkAbility enrollees were unaware of these services. It would be helpful if Medicaid caseworkers could refer clients with these questions to those agencies that provide these benefits counseling and similar services. Though DDS NJ WorkAbility case managers currently make these referrals when needed, it is also recommended that DDS send enrollees information about benefits counseling services available to them through the SSA-funded New Jersey Work Incentive Network Support (NJWINS) program and similar programs.

NJ WorkAbility enrollees also had more basic questions that could be answered by local Medicaid office staff, such as questions relating to the income and asset restrictions for the various Medicaid options open to persons with disabilities. Some of our focus group participants indicated that they could not obtain this information from their Medicaid caseworkers; furthermore, some NJ WorkAbility enrollees expressed the view that they were actively discouraged by caseworkers from asking questions. As one participant noted,

- *When I ask questions, they seem to get impatient and abrupt with me. They say, 'Don't worry about it-- I'll take care of it.' They don't really want to explain to you what the difference is.... I'm told, 'That's not something you have to worry about, I'm going to apply for you and I'll take care of it.'*

The income and resource eligibility rules that govern the various Medicaid options available to persons with disabilities in New Jersey are quite complex, and Medicaid caseworkers are frequently very busy and may not be able to take extra time with individuals who want to know more about Medicaid. It might be useful to prepare a brief (and admittedly simplified) summary of the various available Medicaid options and their corresponding eligibility criteria for distribution to Medicaid enrollees or prospective enrollees upon request. This might take some of the “mystery” out of Medicaid for program enrollees, and also provide NJ WorkAbility enrollees (and others) with additional information that will assist them in making important employment and health-coverage decisions.

The myriad programs, benefits, and services available to persons with disabilities through federal and state agencies present both choices and conflicts to persons with disabilities. It became clear in our focus group discussions that many people were confused about how these programs work and the interfaces (where they exist) between programs. Some were misinformed about basic program elements, such as eligibility criteria, and many just do not know where to go for information about the services and programs that are available to help them with specific needs. This confusion extended across all disability programs, from the state-based Medicaid options to federal programs such as Medicare, SSDI, and SSI. It is interesting to note that, in the course of each of our focus group discussions, there was a significant amount of information exchange among the participants about

such items as SSDI or SSI program eligibility requirements and the SSDI or SSI work incentive programs. However, a lack of information or the presence of misinformation regarding available options or confusion about these various programs operate can, in and of itself, become a barrier to expanded employment and self-sufficiency for this population.

DISCUSSION

The findings presented above do not constitute a complete process evaluation. While we did discuss aspects of program operation with program administrators within DMAHS and DDS, as well as with selected county-based Medicaid program administrators, our evaluation plan did not include a detailed examination of NJ WorkAbility processes and operations in each of the 21 county-based Medicaid offices in New Jersey. However, it does appear that early program difficulties described above in Chapter 2, which generally involved insufficient knowledge among Medicaid caseworkers about the existence and provisions of NJ WorkAbility as a valid Medicaid program for employed persons with disabilities, have largely been addressed and resolved. As county-based Medicaid workers have become more knowledgeable about the program, they may also have become more effective in identifying candidates for NJ WorkAbility in their caseloads and moving these individuals into NJ WorkAbility.

Our survey data suggest that NJ WorkAbility has been successful in reaching the SSDI population in New Jersey, given the very large representation of this population in the NJ WorkAbility survey sample relative to the SSI population or to those persons with disabilities who do not receive cash benefits. Even so, there were almost 141,000 SSDI recipients living in New Jersey as of the end of 2003 (Social Security Administration, 2004), compared to total NJ WorkAbility enrollment of 951 at the close of 2003 (New Jersey Annual MIG Report, 2003). There are likely more SSDI recipients in New Jersey who are able to work and who could benefit from NJ WorkAbility.

NJ WorkAbility has not attracted a large number of persons with disabilities who did not receive disability cash benefits. Since we have no accurate estimates of the number of working-age persons with disabilities who are currently employed (or who could potentially work) and who meet eligibility criteria for NJ WorkAbility, we cannot accurately identify specific subgroups within the eligible population who could benefit from NJ WorkAbility and who might not understand or even know about this program. We do suspect, however, that additional efforts could be made to distribute information about NJ WorkAbility to persons with disabilities who do not receive disability cash benefits and their employers.

Our analysis in Chapter 4 documented a very low representation of persons of Hispanic origin in our survey sample, relative to their representation in the New Jersey's working age disability population. Working age persons with disabilities in the Hispanic community were less likely to be employed, overall, compared to similarly situated non-Hispanics.⁴ This suggests that additional program outreach to the Hispanic community and/or additional attention to identifying and addressing

⁴ Authors' analysis of pooled CPS data from 2002, 2003, and 2004, as discussed in Chapter 4.

specific barriers to employment among persons with disabilities in this community may also be warranted.

The use of other program names by county-based Medicaid caseworkers, such as “Medicaid Buy-in program” or “Ticket to Work,” to refer to NJ WorkAbility introduces confusion into any discussion of this program. The early description of this program as “Ticket to Work” is particularly unfortunate, given the very different nature of the training, counseling and other rehabilitation services authorized by the federal Ticket to Work legislation. In the course of some telephone interviews, we had to remind the respondents that we were discussing a Medicaid program and not training or employment services. On more than one occasion during our focus group sessions, we had to stop and explain the difference between NJ WorkAbility (the Medicaid option) and the Ticket to Work program operated by SSA. This confusion extends into some Medicaid offices, where caseworkers themselves use the term “Ticket to Work” and may not immediately recognize or respond to a question from an actual or potential program enrollee who uses the term “NJ WorkAbility” or “Medicaid Buy-in program” to reference this program. Standardizing the program name over all county Medicaid offices (and dropping the “Ticket to Work” moniker) would improve caseworker-client communications and help to eliminate some of the confusion surrounding NJ WorkAbility among current and prospective program enrollees.

APPENDIX 5.1**CASH BENEFIT STATUS BY NJ WORKABILITY GROUP**

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Current Benefits Status (%)			
SSDI only	61	65	57
SSI only	1	2	1
Both SSDI and SSI	11	7	17
Neither SSDI or SSI	22	22	20
Don't know	5	4	5
Cash Benefits History (%)			
Received SSDI only	51	51	51
Received SSI only	10	8	7
Received both SSDI and SSI	27	27	33
Never received SSDI or SSI	9	10	6
Don't know	3	4	3

Source: NJ WorkAbility Survey.

Note: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96.

APPENDIX 5.2**DURATION OF CASH BENEFICIARY STATUS OF CURRENT AND FORMER BENEFICIARIES, BY TYPE OF BENEFIT**

	<u>TYPE OF CASH BENEFIT</u>	
	SSDI	SSI
Years on benefits (%) ^a		
< 2 years	8	11
2 to 5 years	34	23
6 to 10 years	24	23
More than 10 years	34	43
Years off benefits (%) ^b		
< 2 years	39	15
2 to 5 years	49	48
6 to 10 years	7	27
More than 10 years	5	10

Source: NJ WorkAbility Survey.

Notes: ^a N Current SSDI Beneficiaries = 297; N Current SSI Beneficiaries = 44.

^b N Former SSDI Beneficiaries = 43; N Former SSI Beneficiaries = 101

APPENDIX 5.3**PRIOR MEDICAID STATUS BY NJ WORKABILITY GROUP**

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Prior Medicaid recipient (%)			
Yes	47	43	60
No	46	50	35
Don't know	7	7	5

Source: NJ WorkAbility Survey.

Note: N All Respondents = 423; N Current Enrollees = 324; N Former Enrollees = 96.

APPENDIX 5.4 PROGRAM EXPERIENCES

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Enrolling in NJ WorkAbility was easy (%)			
Strongly Agree	53	54	51
Somewhat Agree	27	26	28
Neither Agree nor Disagree	10	10	11
Somewhat Disagree	7	7	8
Strongly Disagree	3	3	2
When I call the program toll-free hotline, I receive accurate information about this program. (%)			
Strongly Agree	28	29	32
Somewhat Agree	16	16	17
Neither Agree nor Disagree	7	8	4
Somewhat Disagree	4	3	7
Strongly Disagree	3	3	0
Not applicable	42	41	39
Received prompt assistance from toll-free hotline (%)			
Strongly Agree	27	29	24
Somewhat Agree	12	10	19
Neither Agree nor Disagree	8	10	4
Somewhat Disagree	4	3	8
Strongly Disagree	4	4	4
Not Applicable	44	44	40
If I have a question about WorkAbility, I know who to ask (%)			
Strongly Agree	47	47	44
Somewhat Agree	24	23	27
Neither Agree nor Disagree	8	8	8
Somewhat Disagree	11	10	13
Strongly Disagree	10	11	8
Received prompt assistance from County Board of Social Services (%)			
Strongly Agree	43	42	45
Somewhat Agree	23	23	23
Neither Agree nor Disagree	5	6	4
Somewhat Disagree	8	9	6
Strongly Disagree	7	7	9
Not Applicable	14	14	13

Source: NJ WorkAbility Survey.

CHAPTER 6

EMPLOYMENT

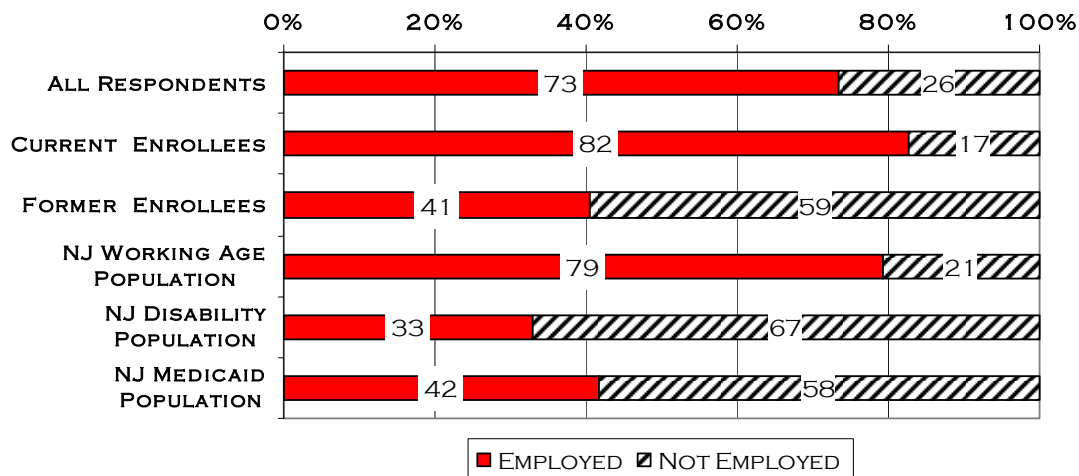
Impact on employment is a primary objective in evaluating the effectiveness of the NJ WorkAbility and other Medicaid Buy-in programs. How much do program enrollees work? Do these programs encourage persons with disabilities to go back to work or to increase their work efforts? Are they able to reduce their dependency on disability benefits?

Ideally, studies of Medicaid Buy-in programs could determine whether the guarantee of health coverage through Medicaid improves employment incentives and opportunities for persons with disabilities. As with most other Medicaid Buy-in evaluations, however, we cannot answer this question completely because we lack a valid comparison group. A comparison group would document the employment and earnings experiences of individuals with disabilities who not only did not have NJ WorkAbility coverage, but also were not aware of such coverage. Despite these limitations, this report provides some insights into the work experiences for this population. First, we were able to tie together various strands of information (survey, focus groups, and state-level administrative data) that tell us about the employment of enrollees. Second, we describe the employment characteristics of NJ WorkAbility current and former enrollees; contrasting the two groups gives a sense of employment for those who were successful with NJ WorkAbility and those who were not. We recognize, however, that there is a bias inherent in this comparison, as persons who dropped out of NJ WorkAbility may be different in significant ways from individuals who stay enrolled, such as in prior receipt of Medicaid (Chapter 5). Third, where appropriate, we utilize comparison groups from the CPS to provide a context with the state working-age population, those with work-limiting or work-preventing disabilities, and persons receiving non-TANF related Medicaid (as explained in Chapter 3).

This chapter explores the employment characteristics of the NJ WorkAbility survey sample, including employment status, industries and occupations, hours worked, and job tenure. We also focus on issues specific to persons who were unemployed or who worked part-time, and use the state wage data to examine the proportion employed over time relative to NJ WorkAbility enrollment.

EMPLOYMENT STATUS

Figure 6.1 shows the proportion of persons employed both for the NJ WorkAbility survey sample and CPS groups (data in Appendix 6.1). More than 7 out of 10 NJ WorkAbility respondents were employed. Among current enrollees, 82% worked at the time of the survey, a rate twice that of former enrollees (41%). Current enrollees compared favorably to the general population, who had an employment rate of 79%. Former enrollees, however, had rates similar to the CPS disability (33%) and non-TANF Medicaid (42%) populations.

FIGURE 6.1**EMPLOYMENT STATUS BY NJ WORKABILITY AND CPS COMPARISON GROUPS****Source:** NJ WorkAbility Survey & Current Population Survey.**Note:** Numbers may not add to 100 due to rounding.

UNEMPLOYMENT

About one-fourth (26%) of survey respondents did not work at all, and the rates for current and former enrollees were 17% and 59%, respectively.¹ About half (51%) of unemployed respondents reported that they were currently looking for work, with a higher proportion of current enrollees (62%) looking than former enrollees (52%) (see Table 6.1). Unemployed respondents were asked when they last worked (see Table 6.1). One-third (33%) had worked within the past 6 months, about one-third (32%) had worked between the prior 6 to 18 months, and one-quarter (25%) had not worked for at least 19 or more months before the interview. Among current enrollees, nearly half (46%) had worked within the past 6 months, compared to only 28% of former enrollees.

¹ While enrollment in NJ WorkAbility is dependent on being employed and enrollees are required to report changes in job status, there is no way of knowing if unemployed current enrollees were simply temporarily between jobs or if they had reported their unemployed status to the NJ WorkAbility program.

TABLE 6.1

PERCENT OF UNEMPLOYED RESPONDENTS LOOKING FOR WORK, TIME SINCE LAST EMPLOYED, AND REASONS FOR LEAVING LAST EMPLOYMENT, BY NJ WORKABILITY GROUP

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Looking for Work (%)^a			
Yes	51	62	52
No	47	33	48
Don't Know/ Refused	3	5	0
Time Since Last Job (%)^b			
Less than 6 months	33	46	28
6 to 18 months	32	25	40
19 to 30 months	9	5	11
More than 30 months	17	15	14
Don't Know/ Refused	9	9	7
Reasons for Leaving Prior Employment (%)^c			
Health – Any	50	32	61
General Health	10	9	9
Stress	4	2	5
Specific Health Condition	9	9	5
Health Worsened	8	5	7
Injured on Job	4	2	9
Medical Treatments	7	2	16
Other	7	4	9
Involuntary – Any	29	39	27
Fired	7	9	9
Laid off	8	11	7
Other	13	19	11
Voluntary – Any	20	30	11
Suitable Environment	7	12	4
Transportation	2	0	4
Benefits	1	2	2
Family	4	7	0
Other	6	9	2
Unable to Code	2	2	2

Source: NJ WorkAbility Survey.

Notes: ^a N All Respondents = 144, N Current Enrollees = 61, N Former Enrollees = 58. Numbers do not add to 100 due to rounding.

^b N All Respondents = 141, N Current Enrollees = 59, N Former Enrollees = 57. Respondents could have multiple responses.

^c N All Respondents = 137, N Current Enrollees = 57, N Former Enrollees = 56. Respondents could have multiple responses.

For those not looking for work, the most common reason cited involved ill health or disability (66%), followed by current enrollment in a school or training program (8%) (data not shown). Only one or two individuals mentioned any of the following: fear of losing health care coverage, fear of losing disability benefits, transportation issues, and home or family needs.

Unemployed respondents had varying reasons for leaving their last employer. Responses were divided into three general categories: health-centered, voluntary, and involuntary (see Table 6.1). The most common category related to health (50%), which included general health-related responses (10%), a specific health condition (9%), worsening health (8%), and the need for medical treatment (7%). About 1 in 4 unemployed respondents left their jobs for involuntary reasons, either through being fired, laid off, or other reasons (e.g., the employer going out of business, the end of a contract, or seasonal employment), while 1 in 5 unemployed respondents listed voluntary reasons for leaving their last position. These reasons included what we termed “suitable environment”—leaving a job because the conditions of employment were not appropriate, such as being assigned duties that the respondent was incapable of, employer harassment, or the position becoming too demanding. Family responsibilities (e.g., taking care of children or relatives) and transportation issues were also categorized as voluntary reasons for leaving a position, though few respondents mentioned these issues. Potential losses in disability benefits were only an issue for less than 2% of persons who were unemployed.

In comparing NJ WorkAbility status by current and former enrollment, former enrollees were more likely (61%) to mention health reasons compared to current enrollees (32%), and less likely to have involuntary or voluntary reasons. One specific issue that stood out for former enrollees was the need for medical treatment (e.g., having an operation, hospitalization), with 16% of former unemployed enrollees mentioning this reason, compared to 2% of current enrollees.

In focus group discussions regarding finding and keeping a job, one of the predominant themes involved the roles and responsibilities of employers, particularly with discrimination or having a “suitable environment.” Two stories from the focus groups illustrated the impact of discrimination experienced by persons with disabilities, both in being hired for a position and in maintaining a position once hired.

- *I did try to look for other jobs in my field, and the interviews that I went on, it was just so obvious, you know, when you're making the appointment nobody sees you. But when you walk in the door and you have a cane, and you're wearing special shoes, you know the first thing they ask you, which they're not supposed to ask you, is, "What happened?" And I found that so many times that it was very, very discouraging and so I had been reluctant to just look for work and I don't know, I want to go back to work although I'm really not sure that I can.*
- *As someone who's sort of early on, relatively speaking, in my career path, I've had sort of mixed results on it, in terms of how my disability has affected my application or my job interviews or so forth. Some employers I've had have been very offended or it's an issue with them, and some have been very interested in how they can work with me.... I've had other cases where it doesn't seem to have mattered one way or another and then I had... some where I've gone in, because I have a very apparent physical disability ...the communication has gone very well beforehand. And you go in and not necessarily is anything said particularly but there's intuition, you sense there's an issue, but they don't know how to address it. But there's only so far that I*

can sort of explain and try to put them at ease.... In those situations, I try to encourage them to ask any questions they want.

In addition to discrimination in hiring, many focus group participants felt like they were the least likely to receive raises or promotions, were not compensated at levels equivalent to workers who were not disability, and were among the first to be fired. Some participants discussed positions where, if they had a health episode on the job or needed time off to take care of medical needs, they were not taken back by their employer upon return.

- *[Employers] give you sick days, but if you use them, they don't like it. So there's been times that I've been sick, or I've had to go to three or four doctor's appointments in the same month, and then I caught their attention, and then if I slow down a little bit, you're the first to go.*
- *I've lost a lot of jobs because of my epilepsy, and I've had a seizure and they [the employer] would tell me, "You can't [return], our insurance won't cover you, we got to let you go." So there I am, back on the street again, what am I supposed to do? But I kept trying to find work.*

As a result of discrimination, some individuals talked about their choice not to disclose their conditions to employers, particularly those which have a high degree of stigma or which could be hidden, such as mental illness. Participants also talked about the perception of persons with disabilities being a risk or liability to the company, either as a security risk or insurance risk. Workplace safeguards to prevent discrimination (such as an Equal Opportunity Employment or the Americans with Disabilities Act (ADA)) were cited by some as useless. While many individuals may not be aware of their legal rights, some focus group participants discussed how that even with being cognizant of the ADA, they may not use it to keep from losing employment, or, if they do lose it, using it as the basis for a lawsuit.

- *I had a seizure and I couldn't go back [to work], my employer wasn't willing to take me back. I mean, I could go and start going after them with an attorney, but I don't want to do that.*
- *I do accounting well. But people don't see that. They see me as a risk, probably all of us as a risk. With the insurance, what if I fall, something might happen.*

HOURS WORKED

We used reported hours worked in combination with self-reported employment status to categorize workers by full-time/ part-time employment (see Table 6.2). Among those working, 18% of respondents, 17% of current enrollees, and 26% of former enrollees worked full-time. This stands in contrast with the working patterns of the CPS comparison groups, where the majority of workers, even those with Medicaid, were employed full-time. When examining hours worked by four categorical variables (less than 15 hours, 15 to 24 hours, 25 to 34 hours, and 35 or more), most survey

respondents worked 15 to 24 hours, and the number of hours worked per week for current and former enrollees were similar. Compared to the NJ working-age, disability and non-TANF Medicaid populations, employed current and former WorkAbility enrollees worked fewer hours, and the mean and median hours worked for survey respondents were almost half that found among workers in the CPS.

TABLE 6.2

FULL/PART-TIME STATUS AND HOURS WORKED PER WEEK AMONG THOSE WORKING, BY NJ WORKABILITY AND CPS COMPARISON GROUPS

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Full-time/Part-time Status ^{a, b}						
Full-time	18	17	26	83	76	68
Part-time	82	83	74	17	25	32
Hours Worked - Categorical						
Variable (%) ^c						
Less than 15 hours	21	20	18	4	5	5
15 to 24 hours	47	47	49	7	10	16
25 to 34 Hours	12	13	8	7	10	11
35 or More	17	17	26	83	76	68
Don't Know	4	4	0	NA	NA	NA
Mean Hours Worked ^c	21.0	21.2	22.0	39.2	36.8	34.4
Median Hours Worked^c	20.0	20.0	20.0	40.0	40.0	40.0

Source: NJ WorkAbility Survey & Current Population Survey.

Notes: ^a N All Respondents = 374, N Current Enrollees = 265, N Former Enrollees = 39.

^b Totals may not add to 100 due to rounding.

^c N All Respondents = 373, N Current Enrollees = 264, N Former Enrollees = 39.

PART-TIME EMPLOYMENT

Part-time workers were asked about their interest in full-time employment. Most individuals (59%) who worked part-time did not want full-time positions. This percentage was the same for both current and former enrollees. Among those preferring part-time employment, their reasons fell into three general categories: health, employer or employment related, and other responses (see Table 6.3). As with reasons for not working for unemployed participants, most part-time workers (7 out of 10) cited health reasons for not working more, whether it was because working full-time was too stressful, they were too limited in what they could do or in the hours they could work, or their health was such that it precluded full-time hours.

- *I had a full time job for years and I was doing fine, but then after that I started getting sick, stressed out and I couldn't handle the job, so I ended up in the hospital for about three months and I lost my job. So it's not like I don't want to work full time, it's that I can't handle the stress and it's too much for me. And sometimes it's just overwhelming, there are so many hours that I just can't handle it.*

Others mentioned physical pain, the impact of medication side effects (such as fatigue), and the time needed for medical maintenance and treatment as barriers to full-time employment. Some focus group participants discussed how they could increase their hours to full-time, but if they could not work because of their health condition (e.g., they lost their job or took a leave of absence), they would have neither cash supports nor health insurance to rely on for assistance.

In the telephone survey, less than 4% of respondents cited reasons related to employment and employment conditions, while 16% of part-time workers cited other reasons for preferring part-time employment, with the most frequently cited reason being loss of disability or health benefits. One in 8 (13%) simply stated that they couldn't handle full-time employment, with no other reason given.²

The emphasis on disability benefits as an obstacle to full-time employment was a major theme in the focus group discussions. Participants discussed the fear of losing cash benefits, the difficulty in returning to the benefit rolls if they left, and not wanting to jeopardize their benefits in any way. This argument also applied to health benefits (through Medicaid and Medicare) as well as the interaction with other benefits (i.e., food stamps, housing assistance).

- *I'm part time right now, yeah, and the biggest obstacle [to full-time employment] would be losing my benefits. As it's been stated already, one of the biggest benefits for me is having my medicine taken care of. .*
- *But I'm scared, I'm really scared to go full time feeling that I'll physically fall apart. In fact I'll work full time, lose the Medicare, Medicaid and then try to fight to get back on.*
- *I work part time right now and I actually have a fear of losing my disability check, and my rent goes up because I get rental assistance, lose my Medicaid, Medicare, then I would have to pay co-pays or stuff like that. Then my jobs only last about a year because I get bored, I start getting stressed, my symptoms start kicking in and I fear not being able to survive.*

The decision to work full-time or part-time was an intentional choice for many focus group participants. Again, disability cash benefits drove the decision not to work more. SSDI benefits are an all or nothing benefit; working more than the substantial gainful activity amount (\$810 at the time of the focus groups) creates a "cash cliff" where disability benefits are suspended. The need for a gradual process of benefit reduction, similar to SSI, was mentioned.

² Though ostensibly this response involves health reasons, because it did not specifically reference health or a condition, it is coded as a separate response.

- *You want a part time job to supplement that \$810, you don't want to give up your disability check, which I haven't given up yet either.*
- *For me it's simply a matter of almost not [being] worth it. If I work \$810, then I get the check from Social Security. I mean I would have to work a lot more than \$810 a month in order to make it worth while to earn just a dollar over, you know what I mean. If I work, I work like 17 hours a week, if I work 18 hours a week I make a lot less then if I work 17 hours a week, because of that Social Security check. So, it's terrible, but I made a personal decision. It's not worth it to me to work. If I work one hour more than 17, I have to work, like I figured it out, I have to work 35 hours a week.*

While disability benefits were a concern for most, health care costs and coverage and family concerns were also mentioned in the decision not to pursue full-time employment.

- *I mean I could go to work full time, but it's that risk of having to pay for all those medications. I don't want stress, so it's a decision, do I want to go back to it or not, you know and I've decided really not to and spend time with me family.*
- *Would it benefit me to work full time, versus doing part time and having the health care coverage, you know in terms of things I look at, that's sort of placed in the back of my mind. Do I go for it or do I not?*

TABLE 6.3

REASONS PART-TIME POSITIONS ARE PREFERRED BY NJ WORKABILITY GROUP

Reasons Prefer Part-Time (%)	NJ WORKABILITY SURVEY		
	All Respondents	Current Enrollees	Former Enrollees
Health – Any	70	70	63
Stress	16	18	^a
Advice of Others	5	7	^a
Limitations	14	16	^a
General Health	22	22	^a
Other	14	9	^a
Employment	4	4	6
Other – Any	16	13	19
Transportation	1	0	^a
Benefits	12	10	^a
Family	1	0	^a
Other	2	3	^a
Cannot Handle FT	13	14	19
Don't Know	1	2	0
Can't Code	1	2	0

Source: NJ WorkAbility Survey.

Notes: N All Respondents = 168, N Current Enrollees = 121, N Former Enrollees = 16. Respondents could have multiple responses.

^a = Unable to present because of small sample size.

INDUSTRY AND OCCUPATION

Employed survey respondents were asked open ended questions about the type of business they worked for and the kind of work they did. These responses were classified using the industry and occupation codes from the CPS³. Table 6.4 shows the distributions of industry and occupation classifications for NJ WorkAbility survey respondents and for the CPS comparison samples. NJ WorkAbility respondents were most likely to be employed in wholesale and retail trades (29%) and education and health services (27%). Wholesale and retail trades included businesses such as grocery stores, Wal-Mart and Kmart. Workers in education and health services were employed by hospitals, nursing homes, day care facilities, and schools, but this category also included sheltered and vocational workshops. Large numbers of survey respondents were also employed in leisure and hospitality services (e.g., restaurants, movie theaters), other services (e.g., hair salons, YMCA, churches), and professional and business services (e.g., security companies, market research firms, and law offices). These categories were similar for current and former enrollees.

The CPS estimates for the entire working-age population in New Jersey showed the heaviest concentration of employment in education and health, wholesale and retail trades, professional and business services, and manufacturing. While these same concentrations were similar for the disability and non-TANF Medicaid populations, a large number of individuals in these groups were also employed in leisure and hospitality services.

There were several striking differences between the NJ WorkAbility survey sample and the New Jersey population estimates regarding employment industries. First, persons in the NJ WorkAbility program tended to be clustered in fewer sectors. The four largest industry categories contained 76% of all employed persons who had contact with the NJ WorkAbility program. In contrast, in the state comparison groups, the four largest industries employed 58% of the general and disability populations, and the rate for the non-TANF Medicaid population was 61%. Second, manufacturing jobs were nearly non-existent for the NJ WorkAbility sample, whereas that sector employed about one-tenth of New Jersey's workers. Similarly, persons with disabilities were less represented in the financial activity industry compared to the general employed population in NJ.

The same clustering phenomenon observed in the industry sectors was also observed in occupation classifications. Employed respondents in the NJ WorkAbility survey worked predominately in four major occupations: service (e.g., security guard, home health aides, and janitors), sales (e.g., cashiers, clerks, and sales associates), office and administration (e.g., secretaries, typists, receptionists, and newspaper deliverers) and professional occupations (e.g., counselors, teachers, and advocates). More than 4 of every 5 workers were in one of these occupations, with 1 in 3 working in service jobs. For the NJ working-age population, the major occupations included the same ones as for the NJ WorkAbility sample, but also included occupations related to management, business, and finance. About 2 of every 3 workers in NJ worked in one of the top four occupations. This proportion was similar for employed persons with disabilities or non-TANF Medicaid recipients.

³ Industry and occupation codes changed in the CPS from 2002 to 2003; as a result, we used the revised codes from the 2003 CPS, and results listed in this section include only data from the 2003 and 2004 CPS.

TABLE 6.4**INDUSTRY AND OCCUPATION AMONG EMPLOYED INDIVIDUALS, BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS^b</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Industry (%)^a						
Mining	1	0	3	0	0	1
Construction	2	3	3	7	4	7
Manufacturing	2	3	3	11	9	8
Wholesale/Retail	29	31	21	14	16	19
Transportation/Public Utilities	2	2	3	6	8	8
Information	3	4	3	4	3	1
Financial Activities	1	0	0	9	7	5
Professional & Business Services	8	7	10	13	11	10
Education & Health	27	27	33	20	22	21
Leisure & Hospitality	10	10	10	8	9	11
Other Services	10	8	5	5	6	7
Public Administration	2	1	8	4	6	1
Undetermined	3	3	0	NA	NA	NA
Occupation (%)^a						
Management/Business/Finance	1	0	5	16	9	4
Professional & Related	14	16	15	22	19	10
Service & Related	32	27	39	15	21	27
Sales & Related	21	24	8	12	12	11
Office & Administrative	15	16	13	15	13	18
Farming, Fishing, and Forestry	0	0	0	0	0	1
Construction & Extraction	2	2	0	5	4	3
Installation & Repair	1	1	5	3	6	4
Production	5	6	5	5	6	8
Transportation	6	5	8	6	9	14
Undetermined	3	2	3	NA	NA	NA

Source: NJ WorkAbility Survey & Current Population Survey.**Notes:** ^a N All Respondents = 373, N Current Enrollees = 264, N Former Enrollees = 39.^b CPS estimates are based on 2003 and 2004 surveys due to changes from 2002 to 2003.

NJ WorkAbility enrollees were over-represented in both service and sales occupations, compared to the state population. Few NJ WorkAbility survey respondents worked in management, financial, and business occupations; the disability and non-TANF Medicaid NJ populations also had fewer workers employed in these occupations compared to the general working-age population.

SELF-EMPLOYMENT

Persons in NJ WorkAbility were self-employed at higher rates than observed in the general population. Seven percent of current enrollees reported being self-employed, compared to 1% of former enrollees, 4% of the NJ working-age population, and less than 2% of NJ residents with disabilities or non-TANF Medicaid. The high rate of self-employment is not surprising, given that many individuals required flexibility in their time schedules and their workloads because of their health conditions.

Two issues regarding the needs of self-employed persons emerged in the focus groups. On one end of the spectrum, some individuals would like to expand their business, but the costs of capital are too high to pursue growth (for instance, being unable to purchase equipment or software for transcription services that would run to thousands of dollars). Alternatively, others could accumulate capital and assets to develop their company, but they fear exceeding limits and don't know how business assets are treated under Medicaid rules.

- *Every program has asset and income limits, and the situation of being self-employed, if you're trying to develop a company or whatever, you're going to buy assets. That doesn't mean you're making money. But there are [asset limits] and for an individual, they're okay. But if you're self-employed, [and] you're making a company, the asset limits are very, I forget the word.... If you want to buy real estate, if you have more than one home in your name, you're out. I could buy another house, and have a tenant pay the bills on the house, I'm not making any money, but I'm out. ... So there really ought to be a way to let somebody be self-employed and develop a company without throwing them out.*

JOB TENURE

The majority (57%) of respondents to the NJ WorkAbility survey who were working at the time of their interview had held their job for more than two years (see Table 6.5). Among persons currently in the program, 58% had the same employer for two years or more, compared to 44% of former program enrollees. Only 29% of current NJ WorkAbility enrollees had been in their position for one year or less, compared to 46% of former program enrollees. Both the mean and median number of years of job tenure was higher for current NJ WorkAbility enrollees (4.5 years and 3.0 years, respectively) than for former program enrollees (3.8 years and 1.2 years, respectively).

Respondents who were working were asked if they had changed jobs since they first enrolled in NJ WorkAbility (see Table 6.5). About three-quarters (73%) of current enrollees had been with the same employer, while less than half (44%) of non-actives had been. Among respondents who changed employers, 51% had 1 or 2 changes, while 40% had 3 or more changes, and 9% did not know.

TABLE 6.5
JOB TENURE AND EMPLOYER CHANGES, BY NJ WORKABILITY GROUP

	<u>NJ WORKABILITY</u>		
	All Respondents	Current Enrollees	Former Enrollees
Job Tenure (%) ^a			
6 months or less	12	11	26
1 year or less	14	14	21
2 years or less	15	15	8
More than 2 years	57	58	44
Don't Know	1	2	3
Job Tenure (Years) ^b			
Mean	4.5	4.5	3.8
Median	3.0	3.0	1.2
Same Employer Since WorkAbility (%) ^c			
Yes	69	73	44
No	27	23	51
Don't Know	5	4	5
Number of Employer Changes Among Those with Changes (%) ^d			
1	26	30	20
2	25	23	30
3	18	15	15
4+	22	26	15
Don't Know	9	7	20

Source: NJ WorkAbility Survey.

Notes: ^a N All Respondents = 373, N Current Enrollees = 264, N Former Enrollees = 39.

^b N All Respondents = 369, N Current Enrollees = 261, N Former Enrollees = 38.

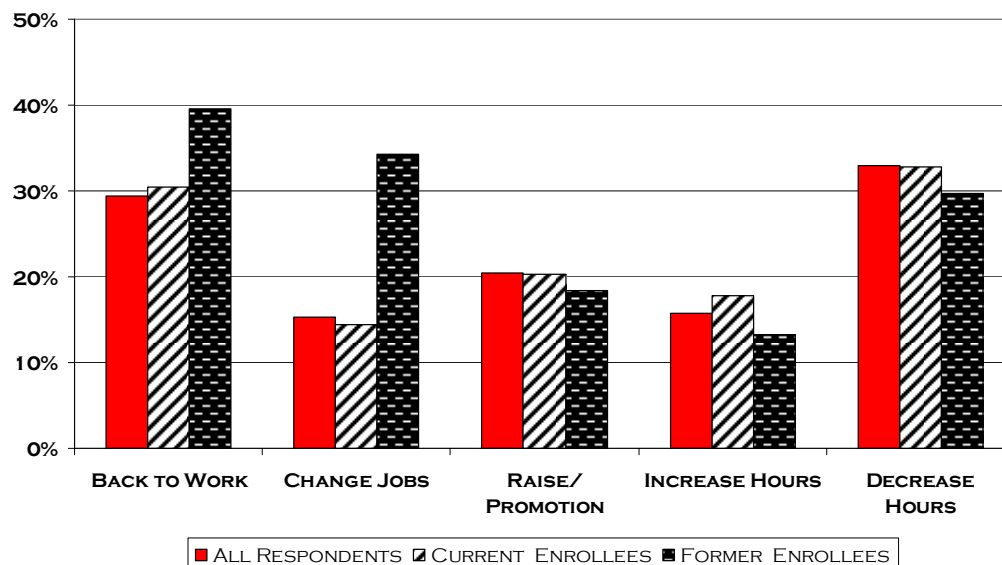
^c N All Respondents = 314, N Current Enrollees = 264, N Former Enrollees = 39.

^d N All Respondents = 85, N Current Enrollees = 61, N Former Enrollees = 20.

EMPLOYMENT CHANGES

To get some indication of recent job changes, we asked survey respondents about specific changes in their employment situation over the past year, including whether or not they had returned to work, changed to a new or different job, obtained a promotion or raise, and changes in the number of hours worked. Figure 6.2 shows the responses for survey respondents and for current and former enrollees (chart data is available in Appendix 6.2). Among survey respondents, about 1 in 4 had returned to work after being unemployed, 1 in 7 had changed jobs, and 1 in 5 had received a raise or promotion. Almost twice as many persons had decreased their hours (33%) as had increased them (16%). Former enrollees were more likely to report going back to work and changing jobs than current enrollees.

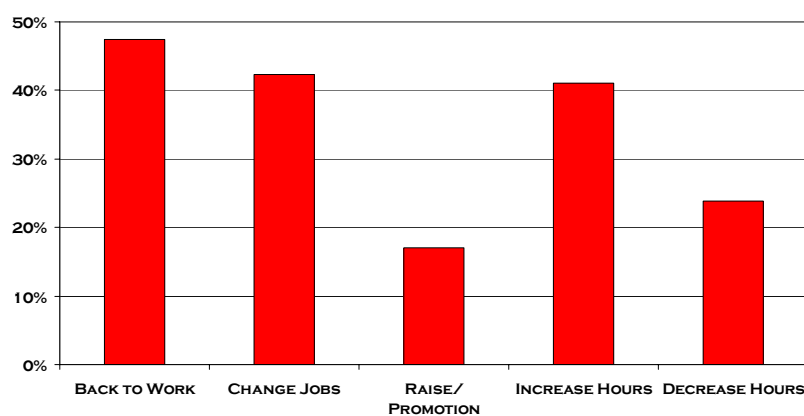
FIGURE 6.2
EMPLOYMENT CHANGES, BY NJ WORKABILITY GROUP



Source: NJ WorkAbility Survey.

Those currently enrolled in NJ WorkAbility were also asked if they attributed any employment changes to the NJ WorkAbility program itself (see Figure 6.3). Almost half of enrollees who had gone back to work reported that this was due to NJ WorkAbility, while more than two-fifths of enrollees who had changed jobs or increased the number of hours worked attributed this activity to their participation in NJ WorkAbility. Among those who decreased their work hours, about 1 in 4 reported that they did so because of NJ WorkAbility; fewer than 1 in 5 persons who received a raise or promotion attributed this change to NJ WorkAbility.

FIGURE 6.3
PERCENT OF CURRENT WORKABILITY ENROLLEES WHO ATTRIBUTED CHANGE TO WORKABILITY PROGRAM



Source: NJ WorkAbility Survey.

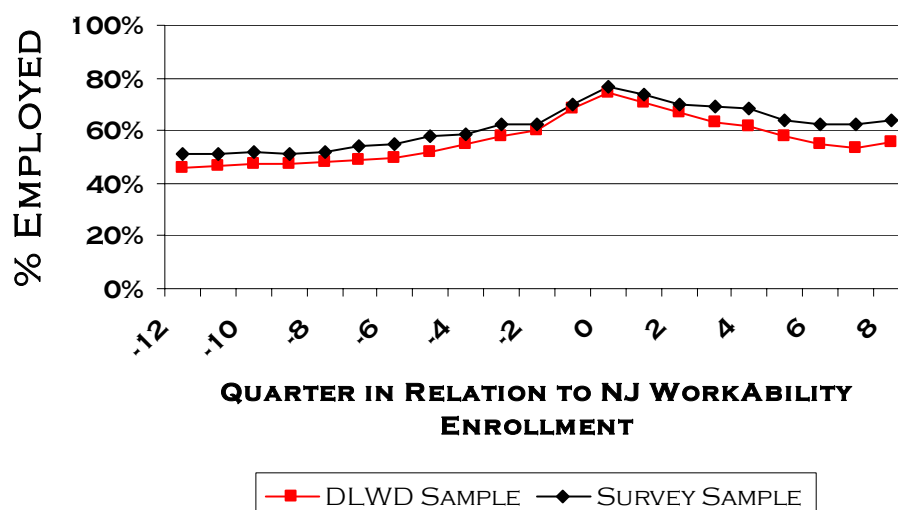
PROPORTION EMPLOYED

The use of DLWD data allowed us to observe changes in the employment of individuals before and after enrollment (pre/post or trend analysis). The presence of earnings during a quarter can be used as an indication of employment, though these records do not reflect all employment (for instance, state or federal employment, contract labor, or informal labor). To establish the proportion employed from wage records, we created a binary variable that was equal to 1 when wage information existed for a quarter and 0 if there was no information. Quarterly data was centered on the date of first enrollment in NJ WorkAbility.

Figure 6.4 shows the employment for two groups: individuals for whom records were received from DLWD ($N_{\text{Enrollment Quarter}} = 1,096$), and those in the telephone survey who gave us permission to match their survey data with administrative records ($N_{\text{Enrollment Quarter}} = 379$). Data is shown from 12 quarters (3 years) before the quarter of enrollment to 8 quarters (2 years) after enrollment¹⁸. Employment rose in the months directly leading NJ WorkAbility enrollment and then declined during the first year after enrollment. The decline in employment appeared to level off during the second year of enrollment but the employment level remained higher than in the years before enrollment. At its peak, employment was observed for 75% for the entire sample and 77% for the matched survey records.

FIGURE 6.4

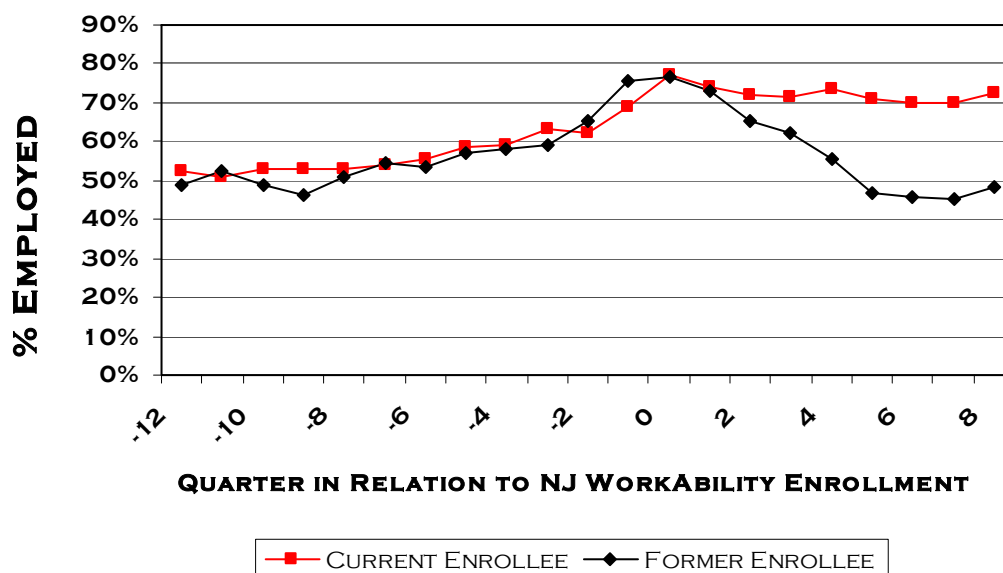
TREND ANALYSIS OF EMPLOYMENT AMONG NJ WORKABILITY ENROLLEES, DLWD & SURVEY SAMPLES



Source: NJ WorkAbility Survey & DWLD.

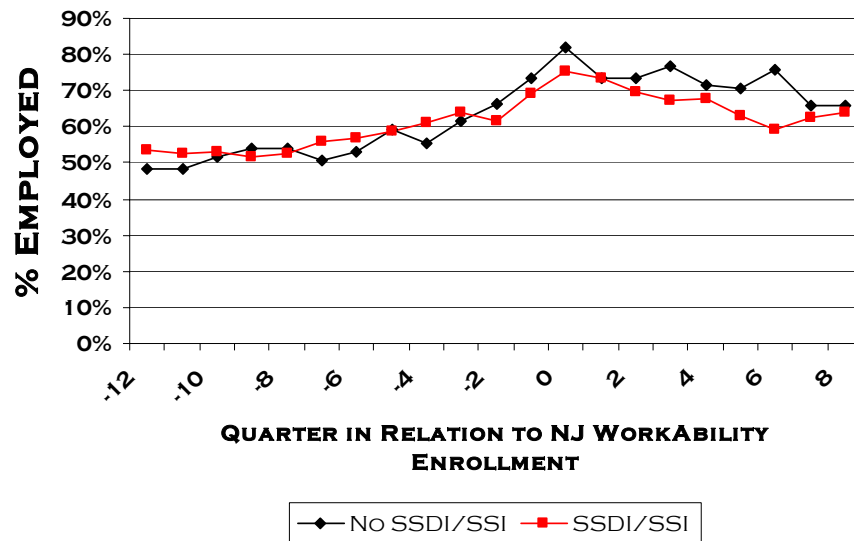
¹⁸ Though some information is available after the 8th quarter, the program has not existed long enough to allow for a large number of individuals to have information that far out from enrollment.

Trend analyses can be completed for the sample with data gathered in the survey, though these analyses are retrospective from the time of the telephone survey. Figure 6.5 divides the data by NJ WorkAbility enrollment. For both current and former enrollees, there was a steady increase in employment during the three years before enrollment, and 77% of both former and current enrollees had wage records in the quarter of their enrollment. Directly after enrollment, current enrollees had a slight drop in employment, but the rate remained just above 70% for the two years after enrollment. Among former enrollees, there was a drop during the first year of their NJ WorkAbility participation to less than a 50% employment rate during the second year after application, similar to their pre-enrollment level.

FIGURE 6.5**TREND ANALYSIS OF EMPLOYMENT BY NJ WORKABILITY STATUS**

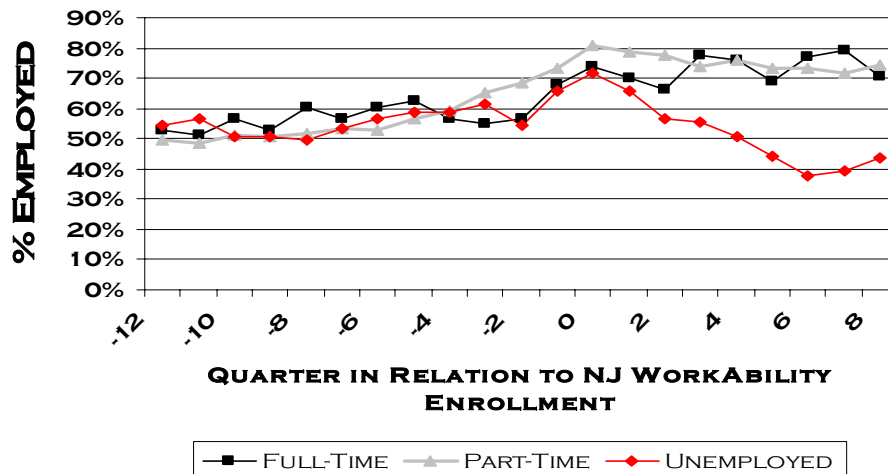
Source: NJ WorkAbility Survey & DWLD.

In addition to examining employment rates by NJ WorkAbility status, we also examined the rates by receipt of SSDI and/or SSI at the time of the survey. Participants with SSDI and/or SSI had similar rates of employment both before and after enrollment as individuals who did not have disability benefits (see Figure 6.6).

FIGURE 6.6**TREND ANALYSIS OF EMPLOYMENT BY SSDI/SSI STATUS**

Source: NJ WorkAbility Survey & DWLD.

Figure 6.7 shows the percentage employed by employment status as reported at the time of the telephone survey: full-time, part-time, or unemployed. Similar rates of employment were observed in the three years prior to NJ WorkAbility enrollment. However, where those who were employed on a part-time or full-time basis maintained a high rate of employment, those who were unemployed at the time of the survey, as might be expected, had a sharp drop in employment by the second quarter after enrollment and continued to decline to about 40% by the second year after enrollment. The drop in the employment rate in the last quarter of observation for full-time workers may be an artifact of the decrease in the sample size for that quarter.

FIGURE 6.7**TREND ANALYSIS OF EMPLOYMENT BY EMPLOYMENT STATUS**

Source: NJ WorkAbility Survey & DWLD.

PERCEPTIONS OF EMPLOYMENT CHANGES

In the previous two sections of this chapter, we examined some indicators of changes in employment among NJ WorkAbility participants. To assess another dimension of the impact of NJ WorkAbility on employment, we asked focus group participants how NJ WorkAbility and the provision of Medicaid affected their employment decisions. Overall, employment was viewed as important and Medicaid was a necessary component of the ability to maintain employment, but Medicaid by itself did not remove all employment obstacles.

Participants told us that their workforce participation was greatly enhanced by NJ WorkAbility. However, for the participants we spoke with, increasing hours, better opportunities, or the removal of job lock (keeping a job to maintain health insurance) were not issues. Rather, participants discussed the ability simply to work, and some believed that they would not work at all if NJ WorkAbility were not available. Coverage for prescription drugs was commonly mentioned, either as a key support to maintain health and employment, or to free up resources for other uses.

- *There's no way I could [work without NJ WorkAbility], because I wouldn't be able to afford my medication and I would be in the hospital. .*
- *I am not sure whether I probably would be working if NJ WorkAbility were not available to me.*
- *The WorkAbility program encourages you to work, where PAAD or Social Security Disability more or less says you cannot make more than this, and you become paranoid about losing your benefits.*
- *So I cannot work full time to enable me to maintain health insurance, and without Workability, without having Medicare and Medicaid, I would be so disability without the medicines and the medical care that I could not work at all. So it is enabled me to work part time. And you know which really improves the quality of my life, financially as well as emotionally.*
- *I happen to think that's the biggest asset to the WorkAbility program, is that the medications are paid for. So it allows you to put your money in other resources, instead of medications.*

If NJ WorkAbility were not available, individuals either would work full-time to obtain employer-sponsored health insurance or, more likely, do what was needed to qualify for NJ Cares.

- *I don't have an option of, I can't afford the things I need. ... There is no "not going to the movies" to pay for your medicine. That's just ridiculous, so my options are this program (NJ WorkAbility) or without it, I have to be financially eligible for Medicaid. That's the only two options, so this program lets me live my life as much as I can, so that's a big difference.*
- *If you're not healthy enough you can't work, so if you need any kind of treatment or medicine or whatever, if you don't get it you can't work. ... If I didn't have Medicaid*

I wouldn't be healthy enough to work, I would have to get in a position where my income was low enough to qualify for Medicaid, that way, and so it's just a counterproductive system. For the people who are in the situation where they have to have care or die, your only option is either this program or keep yourself poor enough to get it [Medicaid].

But even though Medicaid coverage allowed some persons to work, Medicaid by itself is incapable of solving all of the barriers and difficulties in working.

- *I can be taking the medicine and my body still breaks down, so it's not so much as you know, "Has it helped me?" It helped me stay on the job, but sooner or later you're going to be taking all the medication and something's going to go wrong.*

DISCUSSION

While the employment rate (73%) for NJ WorkAbility respondents is high, as might be expected for a program that requires work prior to entry, the type and kinds of employment differentiates current NJ WorkAbility enrollees from the general population. One in eight of those working with access to NJ WorkAbility had full-time positions, compared to three of every five working-age NJ residents, and the average weekly hours worked was about 20. Most part-time workers, moreover, were not interested in full-time employment. Though some could work full time, fear of losing disability benefits was a prime concern.

The industry and occupation clustering should be cause for concern. Without access to jobs that pay well, provide benefits, and offer the potential for upward mobility, those who enroll in NJ WorkAbility, particularly those with disability benefits, are not as likely to improve their opportunities for independence.

About half of former enrollees were working, as observed in both the self-report and the wage records. While some individuals may have exceeded the earnings or asset limits, other former enrollees may still be eligible for NJ WorkAbility. Their failure to re-enroll in NJ WorkAbility may indicate a lack of awareness of the eligibility requirements.

Of self-reported changes in employment characteristics, many individuals reported decreasing their hours. This may reflect holding a job where the employer is accommodating, thereby allowing individuals the opportunity to reduce their working hours rather than quit because of increased health needs. Conversely, among NJ WorkAbility enrollees, going back to work or changing jobs were attributed as due to NJ WorkAbility enrollment. This provides some evidence that the program is doing what it was intended to do: de-link employment and health insurance. A large proportion of enrollees also attributed increasing their hours on the job to enrollment.

Data from state wage records indicated that the proportion of NJ WorkAbility enrollees who were employed increased during the year prior to NJ WorkAbility enrollment, and for those who remained in the program, that high rate of employment remains. This was true even for persons receiving disability benefits. Enrollees who were unemployed at the time of the survey seemed to have an immediate drop in employment by the second quarter of enrollment, suggesting that they differ in fundamental ways from individuals who are able to maintain employment and their enrollment. Future research may want to focus on these individuals to determine what drives the decline in employment.

Health was a primary reason for why individuals were not working or why they did not work full-time. However, keeping disability benefits was also a prime factor in the decision not to work more. This may partially reflect a lack of awareness of the supports and employment incentives available to this population.

APPENDIX 6.1**EMPLOYMENT STATUS AND EARNINGS, BY WORKABILITY AND CPS COMPARISON GROUPS**

Employment Status (%) ^a	<u>NJ WORKABILITY</u>			<u>CPS COMPARISON POPULATIONS</u>		
	All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Employed	73	82	41	79	33	42
Full Time	12	14	10	62	24	27
Part Time	55	61	29	13	7	13
Self Employed	5	7	1	4	2	2
Not Employed	26	17	59	21	67	58
Unemployed-Looking	14	11	31	1	2	2
Unemployed-Not Looking	12	5	28	20	65	57
Unemployed-Unknown	<1	<1	0	0	0	0
Don't Know	<1	<1	0	NA	NA	NA
Refused	<1	<1	0	NA	NA	NA

Source: NJ WorkAbility Survey & Current Population Survey.

Notes: ^a N All Respondents = 515, N Current Enrollees = 324, N Former Enrollees = 96. Numbers may not add to 100 due to rounding.

APPENDIX 6.2**CHANGES IN EMPLOYMENT OVER PAST 12 MONTHS, BY NJ WORKABILITY GROUP, AND CHANGES ATTRIBUTED TO NJ WORKABILITY**

	NJ WORKABILITY			Change Due to WorkAbility
	All Respondents	Current Enrollees	Former Enrollees	
Back to Work	29%	31%	40%	47%
Change Jobs	15%	14%	34%	42%
Raise/ Promotion	20%	20%	18%	17%
Increase Hours	16%	18%	13%	41%
Decrease Hours	33%	33%	30%	24%

Source: NJ WorkAbility Survey.

Note: N All Respondents = 515, N Current Enrollees = 324, N Former Enrollees = 96, N Change due to WorkAbility = 310.

APPENDIX 6.3**WAGE RECORD EMPLOYMENT RATES, BY DLWD AND SURVEY SAMPLES**

Quarter in Relation to NJ WorkAbility Enrollment	DLWD SAMPLE		SURVEY SAMPLE	
	Employment Rate	Sample Size	Employment Rate	Sample Size
-12	46%	1096	51%	379
-11	47%	1096	51%	379
-10	47%	1096	52%	379
-9	47%	1096	51%	379
-8	48%	1096	52%	379
-7	49%	1096	54%	379
-6	49%	1096	55%	379
-5	52%	1096	58%	379
-4	55%	1096	59%	379
-3	58%	1096	62%	379
-2	60%	1096	63%	379
-1	69%	1096	70%	379
0	75%	1096	77%	379
1	70%	1095	74%	378
2	67%	1088	70%	376
3	63%	1030	69%	349
4	62%	940	68%	317
5	58%	861	64%	274
6	55%	763	62%	235
7	53%	679	62%	214
8	56%	589	64%	176

Source: NJ WorkAbility Survey & DLWD.

APPENDIX 6.4**WAGE RECORD EMPLOYMENT RATES, BY NJ WORKABILITY STATUS**

Quarter in Relation to NJ WorkAbility Enrollment	NJ WORKABILITY			
	Current Enrollees		Former Enrollees	
	Employment Rate	Sample Size	Employment Rate	Sample Size
-12	52%	292	49%	86
-11	51%	292	52%	86
-10	53%	292	49%	86
-9	53%	292	47%	86
-8	53%	292	51%	86
-7	54%	292	55%	86
-6	55%	292	53%	86
-5	59%	292	57%	86
-4	59%	292	58%	86
-3	63%	292	59%	86
-2	62%	292	65%	86
-1	69%	292	76%	86
0	77%	292	77%	86
1	74%	291	73%	86
2	72%	289	65%	86
3	71%	263	62%	85
4	73%	233	55%	83
5	71%	194	47%	79
6	70%	162	46%	72
7	70%	147	45%	66
8	72%	119	48%	56

Source: NJ WorkAbility Survey & DWLD.

APPENDIX 6.5**WAGE RECORD EMPLOYMENT RATES, BY RECEIPT OF SSDI/SSI INCOME AT TIME OF SURVEY**

Quarter in Relation to NJ WorkAbility Enrollment	RECEIPT OF SSDI/SSI INCOME			
	No SSDI/SSI Income		SSDI/SSI Income	
	Employment Rate	Sample Size	Employment Rate	Sample Size
-12	48%	83	53%	277
-11	48%	83	52%	277
-10	52%	83	53%	277
-9	54%	83	52%	277
-8	54%	83	53%	277
-7	51%	83	56%	277
-6	53%	83	57%	277
-5	59%	83	59%	277
-4	55%	83	61%	277
-3	61%	83	64%	277
-2	66%	83	62%	277
-1	73%	83	69%	277
0	82%	83	75%	277
1	73%	83	74%	276
2	73%	83	70%	274
3	77%	77	67%	254
4	72%	67	68%	233
5	70%	54	63%	203
6	76%	45	59%	174
7	66%	41	63%	158
8	66%	32	64%	130

Source: NJ WorkAbility Survey & DWLD.

APPENDIX 6.6**WAGE RECORD EMPLOYMENT RATES, BY EMPLOYMENT STATUS AT TIME OF SURVEY**

Quarter in Relation to NJ WorkAbility Enrollment	EMPLOYMENT STATUS					
	<u>Full-Time</u>		<u>Part-Time</u>		<u>Unemployed</u>	
	Employment Rate	Sample Size	Employment Rate	Sample Size	Employment Rate	Sample Size
-12	53%	53	50%	224	55%	99
-11	51%	53	49%	224	57%	99
-10	57%	53	51%	224	51%	99
-9	53%	53	51%	224	51%	99
-8	60%	53	52%	224	49%	99
-7	57%	53	54%	224	54%	99
-6	60%	53	53%	224	57%	99
-5	62%	53	57%	224	59%	99
-4	57%	53	59%	224	59%	99
-3	55%	53	65%	224	62%	99
-2	57%	53	68%	224	55%	99
-1	68%	53	73%	224	66%	99
0	74%	53	81%	224	72%	99
1	70%	53	78%	223	66%	99
2	66%	53	78%	221	57%	99
3	78%	49	74%	203	55%	94
4	76%	42	76%	181	51%	91
5	69%	32	73%	158	44%	81
6	77%	26	73%	134	38%	72
7	79%	24	72%	121	39%	66
8	71%	17	75%	102	44%	55

Source: NJ WorkAbility Survey & DWLD.

CHAPTER 7

EARNINGS

Being employed and the type of employment tell only the first part of the story about NJ WorkAbility enrollees. Current earnings and earnings histories are important to observe, particularly for those interested in knowing whether or not NJ WorkAbility enrollees are making enough to stay off of cash disability benefits, or, if they are already receiving cash disability benefits,

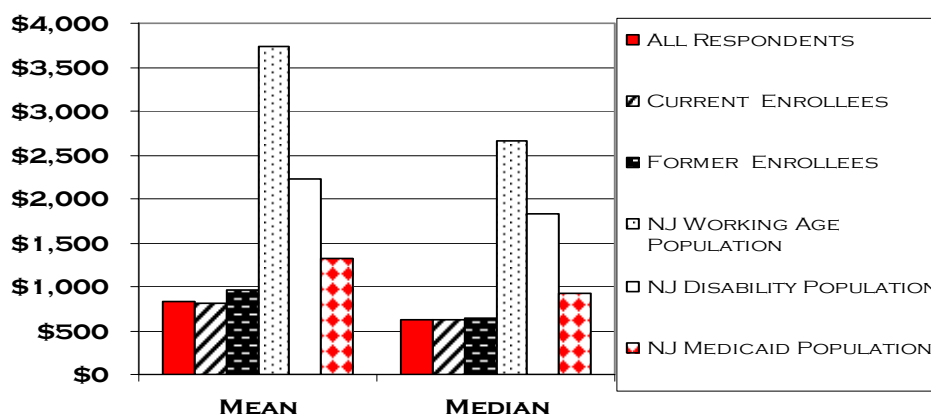
earning enough to move off of the rolls. In this chapter, in addition to focusing on self-report earnings from the telephone survey, we use data on earnings derived from the DLWD records, which provide up to five years of earnings history.

SELF-REPORTED EARNINGS

Figure 7.1 shows the monthly earnings for respondents in the NJ WorkAbility sample who were employed. The figure also shows the average monthly earnings for the prior year for the CPS comparison groups (data for the chart is provided in Appendix 7.1). NJ WorkAbility survey respondents who worked earned an average of \$824 per month. The median monthly income (\$624) indicates that half of those employed made above this amount and half below. While the larger mean for former NJ WorkAbility enrollees may be explained either by a higher monthly income for individuals who were no longer in the program (because they had exceeded their upper earnings limit) or more current enrollees reporting fewer earnings, the difference could simply reflect the smaller sample size. Median monthly earnings were similar between current and former NJ WorkAbility enrollees.

FIGURE 7.1

MEAN AND MEDIAN MONTHLY EARNINGS AMONG EMPLOYED PERSONS, BY NJ WORKABILITY AND CPS COMPARISON GROUPS



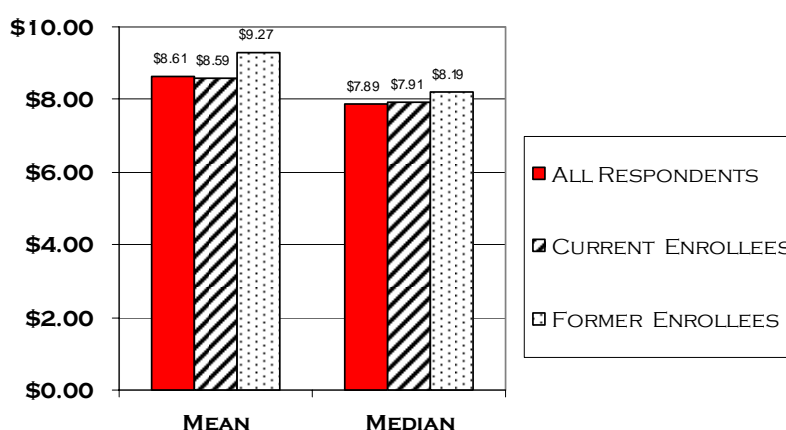
Source: NJ WorkAbility Survey & Current Population Survey.

Earnings for NJ WorkAbility respondents were lower than for the NJ comparison groups. The mean monthly earnings of current enrollees was equivalent to 22% of the earnings reported by all employed working age NJ residents, 37% of the earnings of persons with disabilities, and 62% of the earnings of individuals with non-TANF Medicaid. Similar ratios were found for median earnings and comparing former enrollees with the CPS comparison groups.

Mean and median hourly wage data is presented in Figure 7.2 and Appendix 7.1 for all survey respondents and current and former WorkAbility enrollees¹. The mean hourly wage for all respondents was \$8.61 and median wage was \$7.89. Current enrollees made slightly less on average than former enrollees.

FIGURE 7.2

MEAN AND MEDIAN HOURLY WAGES BY NJ WORKABILITY GROUP



Source: NJ WorkAbility Survey.

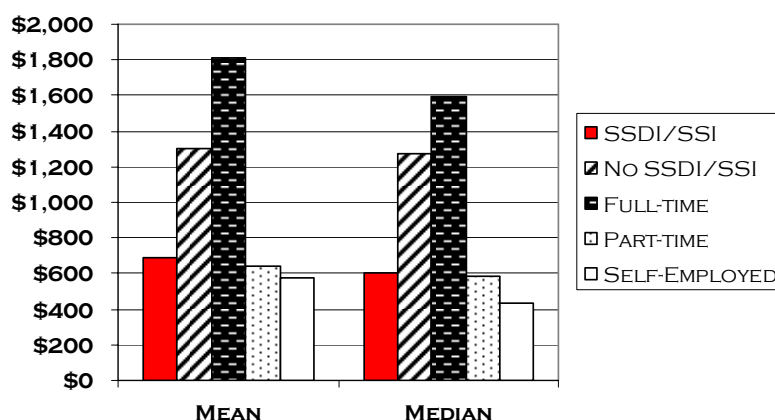
Figure 7.3 presents monthly earnings data by disability benefit and employment status (data in Appendix 7.2). On average, persons receiving SSDI or SSI made about half (47%) of the monthly earnings as persons who were not receiving SSDI or SSI (Figure 7.3). The average monthly earnings for SSDI/SSI beneficiaries were \$688. About 1 in 5 (19%) of SSDI/SSI beneficiaries made over \$800 a month, compared to 61% of non-beneficiaries (data not shown). Full-time workers (mean = \$1,816) earned about three times the amount that part-time (mean = \$645) or self-employed workers (mean = \$571) did.

The gap between those receiving and not receiving disability benefits was not as wide for hourly wages as for monthly earnings. As seen in Figure 7.4, workers receiving SSDI or SSI made an average of \$8.20 an hour, or 18% less than workers without disability benefits, who made an average of \$10.00 an hour. Comparing wages by employment status suggests that part-time workers made 24% less per hour and self-employed workers made 31% less than full-time workers.

¹ Data for CPS comparison groups could not be calculated.

FIGURE 7.3

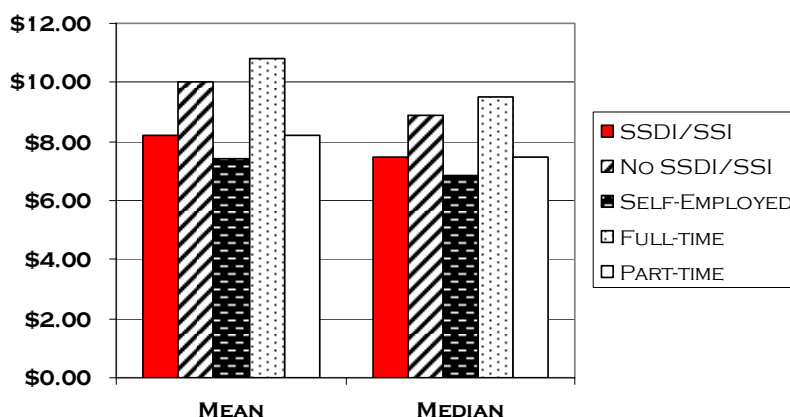
MEAN AND MEDIAN MONTHLY EARNINGS AMONG EMPLOYED RESPONDENTS, BY DISABILITY BENEFIT RECEIPT AND TYPE OF EMPLOYMENT



Source: NJ WorkAbility Survey.

FIGURE 7.4

MEAN AND MEDIAN HOURLY WAGES AMONG EMPLOYED RESPONDENTS, BY DISABILITY BENEFIT RECEIPT AND TYPE OF EMPLOYMENT



Source: NJ WorkAbility Survey.

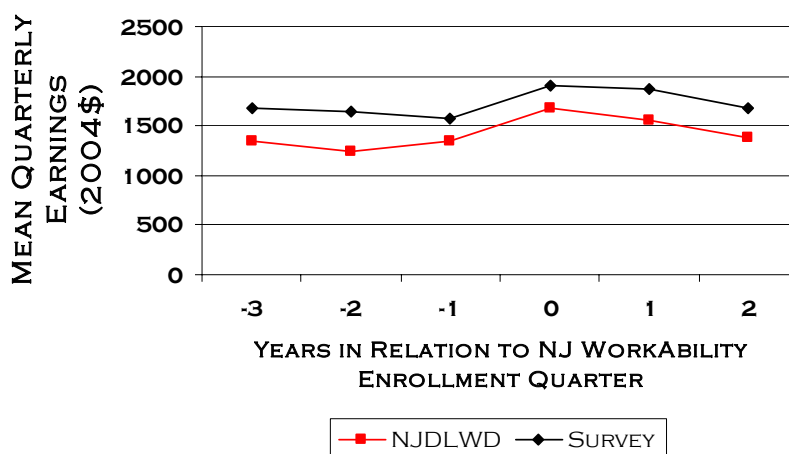
EARNINGS HISTORY

As detailed in the methodology section (Chapter 3), we obtained wage records for all individuals whom we had information for from the DDS enrollment database. This data was matched to administrative records from DMAHS to obtain the initial NJ WorkAbility enrollment date, with the data centered by year in relation to the quarter of enrollment. Monetary amounts were adjusted to reflect 2004 dollars.

In Figure 7.5, we present the earnings history for the entire sample obtained through DLWD as well as those earnings that could be matched to survey records (data in Appendix 7.3). Zero represents the application quarter, and the years represent the average for the four quarters during the respective year before or after the quarter of application. Average quarterly earnings were between \$1,200 and \$1,400 in the three years prior to NJ WorkAbility enrollment. During the quarter of enrollment, the mean earnings were \$1,680. Earnings then declined to approximately pre-enrollment levels by the second year after enrollment. Mean earnings for the matched survey sample were slightly larger than with all the records obtained through DLWD.

FIGURE 7.5

AVERAGE QUARTERLY EARNINGS IN RELATION TO NJ WORKABILITY ENROLLMENT QUARTER, BY YEAR (2004\$)



Source: NJ WorkAbility Survey & DLWD.

One way to examine earnings impacts is to observe pre/post enrollment changes. We were interested in whether or not there was any observable earnings increase or if there was any decrease or decline in earnings. The baseline for these analyses was the average quarterly earnings in the year prior to the quarter of enrollment, and we compared the baseline year with the average quarterly earnings during the first and second years after the quarter of enrollment. A means test was used to evaluate whether the difference in earnings between the year prior to enrollment and subsequent years was different from zero (or statistically significant).

Table 7.1 shows the mean quarterly earnings by year of enrollment for the survey sample. While the increase in earnings was greater in the first year (\$287) than the second (\$94), these increases were not significantly different from the year prior to enrollment.

TABLE 7.1MEAN QUARTERLY EARNINGS AND PRE-POST ENROLLMENT DIFFERENCES, BY YEAR
(2004\$)

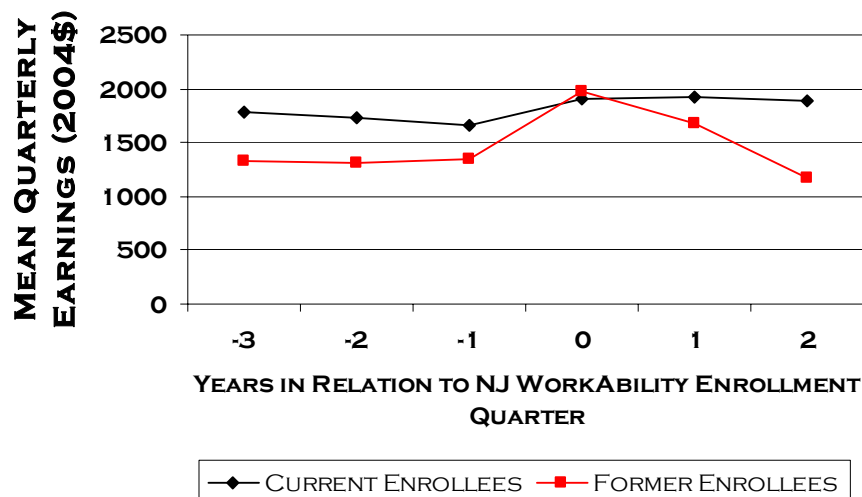
Year in Relation to Enrollment Quarter	Mean Quarterly Earnings	Sample Size	Average Difference from Year Prior to Enrollment	T-value	p
-1	\$ 1,578	379	--		
1	\$ 1,865	378	\$ 287	1.66	ns
2	\$ 1,672	274	\$ 94	0.49	ns

Source: NJ WorkAbility Survey & DLWD.

This is a similar picture to that drawn by other Medicaid Buy-in evaluations in that there appear to be little earnings gains for the group as a whole, with any gains not sustained in this population over time (Goodman & Livermore, 2004). However, in using data from the survey to examine retrospective differences between groups (by enrollment, disability benefit, and employment status), we can observe who potentially benefits from NJ WorkAbility enrollment.

ENROLLMENT STATUS

We anticipated that we would see a decline in earnings over time for persons who dropped out of NJ WorkAbility (as we did in the proportion employed in Chapter 6), and this is in fact what we see in Figure 7.6. The mean earnings for those who were currently enrolled at the time of the survey was, for every quarter but the quarter of enrollment, greater than those who were no longer enrolled, though in no year was the difference significant (data in Appendix 7.4).

FIGURE 7.6AVERAGE QUARTERLY EARNINGS IN RELATION TO NJ WORKABILITY ENROLLMENT
QUARTER, NJ WORKABILITY SURVEY SAMPLE, BY ENROLLMENT STATUS (2004\$)

Source: NJ WorkAbility Survey & DLWD.

While there were modest gains for current enrollees after enrollment, and for former enrollees in the first year of enrollment, none of the gains were significantly different from zero (see Table 7.2 and Appendix 7.4).

TABLE 7.2

MEAN QUARTERLY EARNINGS AND PRE-POST ENROLLMENT DIFFERENCES, BY ENROLLMENT STATUS AND YEAR (2004\$)

Enrollment Status	Year in Relation to Enrollment Quarter	Mean Quarterly Earnings	Sample Size	Average Difference from Year Prior to Enrollment	T-value
Current	-1	\$1,654	292	--	
	1	\$1,926	291	\$272	1.31
	2	\$1,883	194	\$229	0.94
Former	-1	\$1,338	86	--	
	1	\$1,679	86	\$341	1.17
	2	\$1,176	79	\$-162	0.59

Source: NJ WorkAbility Survey & DLWD.

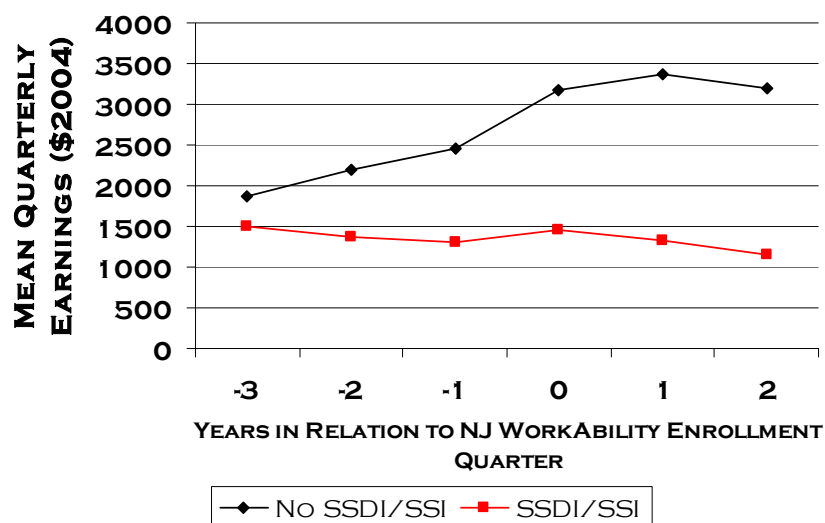
DISABILITY BENEFIT STATUS

Examining earnings by receipt of disability benefits offers an intriguing picture. Recall that in the previous chapter, the percent employed were similar between those who received SSDI and/or SSI and those who did not. In addition, only a small percentage of individuals had been on the cash benefit rolls for two years or less, and so the numbers presented here reflect the fact that most individuals with cash benefits were receiving benefits at the time that they enrolled in NJ WorkAbility.

Figure 7.7 shows a sizeable difference between the two groups regarding earnings that increases before NJ WorkAbility enrollment and continues after enrollment (data presented in Appendix 7.5). Rather than the sharp increase in earnings observed in Figures 7.5 & 7.6, enrollees with disability benefits had only a minor increase at enrollment, and their mean earnings generally declined over time. In contrast, individuals who did not have disability benefits at the time of the interview had a steep rise in earnings at the time of application, and the level of earnings was maintained. Mean quarterly earnings for non-beneficiaries at application was more than twice those of disability beneficiaries. All differences between the two groups were significant except for mean quarterly earnings in the third year before enrollment.

FIGURE 7.7

AVERAGE QUARTERLY EARNINGS IN RELATION TO NJ WORKABILITY ENROLLMENT QUARTER, NJ WORKABILITY SURVEY SAMPLE, BY DISABILITY BENEFIT STATUS (2004\$)



Source: NJ WorkAbility Survey & DLWD.

Table 7.3 shows a slight decline in mean quarterly earnings for SSDI/SSI beneficiaries in the years after enrollment, though this change was not significant. For non-beneficiaries, quarterly earnings increased significantly by \$895 during the first year of enrollment. The second year earnings gain (\$730), while large, was not significant.

TABLE 7.3

MEAN QUARTERLY EARNINGS AND PRE-POST ENROLLMENT DIFFERENCES, BY DISABILITY BENEFIT STATUS AND YEAR (2004\$)

Disability Benefit Receipt	Year in Relation to Enrollment Quarter	Mean Quarterly Earnings	Sample Size	Average Difference from Year Prior to Enrollment	T-value
SSDI/SSI	-1	\$1,307	277	--	
	1	\$1,324	276	\$17	-0.14
	2	\$1,148	203	-\$159	-1.12
None	-1	\$2,464	83	--	
	1	\$3,359	83	\$895	2.00*
	2	\$3,194	54	\$730	1.46

Source: NJ WorkAbility Survey & DLWD.

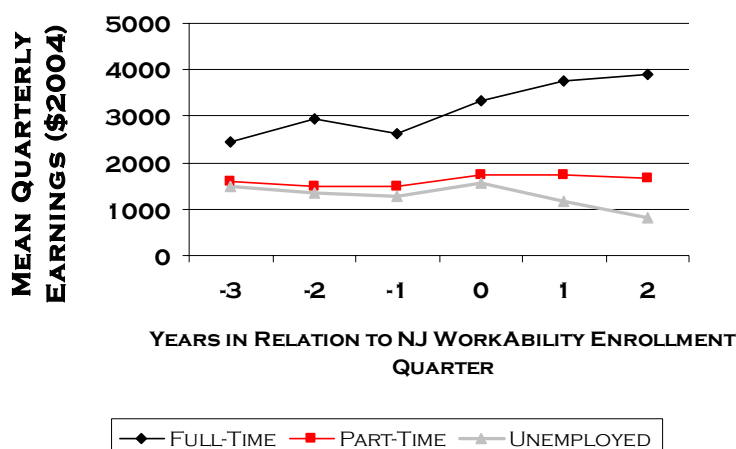
Note: * p<.05.

EMPLOYMENT STATUS

The final earnings comparison involves employment status at the time of the telephone survey (see Figure 7.8 and Appendix 7.6). Not only did full-time workers have mean earnings at least twice that of part-time and unemployed workers in the three years before NJ WorkAbility enrollment, but their quarterly earnings increased after enrollment in both years of observation. The differences in quarterly earnings were significant between full-time workers and those who were either part-time or unemployed at the time of the survey; there were no significant differences between part-time and unemployed respondents.

FIGURE 7.8

AVERAGE QUARTERLY EARNINGS IN RELATION TO NJ WORKABILITY ENROLLMENT QUARTER, NJ WORKABILITY SURVEY SAMPLE, BY EMPLOYMENT STATUS (2004\$)



Source: NJ WorkAbility Survey & DLWD.

Despite an increase in earnings for full-time workers of about \$1,200 each year after enrollment, the sample size was not large enough to detect a significant difference at the $p < .05$ level (see Table 7.4). Earnings for part-time workers show a modest but non-significant increase in earnings after enrollment, unemployed respondents had a decrease in earnings which was significant in the second year after enrollment.

TABLE 7.4

MEAN QUARTERLY EARNINGS AND PRE-POST ENROLLMENT DIFFERENCES, BY
EMPLOYMENT STATUS AND YEAR (2004\$)

Employment Status	Year in Relation to Enrollment Quarter	Mean Quarterly Earnings	Sample Size	Average Difference from Year Prior to Enrollment	T-value
Full-Time	-1	\$2,621	53	--	
	1	\$3,763	53	\$1,143	1.84
	2	\$3,916	32	\$1,296	1.86
Part-Time	-1	\$1,489	224	--	
	1	\$1,729	223	\$240	1.08
	2	\$1,670	158	\$181	0.65
Unemployed	-1	\$1,263	99	--	
	1	\$1,165	99	-\$98	-0.46
	2	\$806	81	-\$457	-2.00*

Source: NJ WorkAbility Survey & DLWD.

Note: * $p < .05$.

DISCUSSION

This chapter has examined both self-reported earnings at the time of enrollment and earnings histories derived from state wage records. Similar to other Medicaid Buy-in evaluations, we did not find sustained earnings over time. Post-hoc analyses, though biased, offer some suggestions for future research and insight into who benefits from NJ WorkAbility.

When compared to the general population in New Jersey or those with disabilities or receiving non-TANF related Medicaid, NJ WorkAbility enrollees made significantly less. Though enrollees working full-time made three times as much as part-time enrollees, this amount was still less than that found for individuals with disabilities who were working in New Jersey. One possible explanation may be that working individuals who have been attracted to NJ WorkAbility may have had more functional limitations than persons with disabilities in the general population.

Enrollees who did not have disability benefits at the time of the survey not only had greater earnings, their earnings increased after enrollment. Those with benefits had flat or declining earnings. This is despite the fact that, as observed in the last chapter, the proportion of persons employed was similar between the two groups. Enrollment in NJ WorkAbility may therefore not affect the earnings of persons with disability benefits at all. Any change in the average earnings driven by an increase in competitive employment did not occur for persons with disability benefits. While the idea that disability benefits themselves create a disincentive for increased earnings, earnings for this group may also be low because of the length of time they have been detached from the labor force, because the severity of the disabling condition may be greater than for those without benefits, or because their skills and abilities to work may be more restricted. Despite the low earnings overall, one encouraging

statistic regarding disability beneficiaries is that about one-fifth were earning at or above substantial gainful activity.

We failed to observe any growth in earnings through the second year after enrollment. In part, this may be due to decreasing sample sizes for our groups. Equally important, though, is that we do not see a decrease in earnings over time for two groups who may benefit the most from NJ WorkAbility enrollment: full-time workers and persons not receiving disability benefits. Those who were part-time or unemployed had relatively flat earnings, as did persons receiving benefits. Future research should examine characteristics of these groups in more detail.

APPENDIX 7.1**MONTHLY AND HOURLY EARNINGS, BY NJ WORKABILITY AND CPS COMPARISON GROUPS**

Earnings	Statistic	NJ WORKABILITY			CPS COMPARISON POPULATIONS		
		All Respondents	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
Monthly Earnings ^{a, c}	Mean	\$824	\$814	\$965	\$3,730	\$2,226	\$1,322
	Median	\$624	\$627	\$650	\$2,667	\$1,833	\$917
Hourly Earnings ^{b, c}	Mean	\$8.61	\$8.59	\$9.27	^d	^d	^d
	Median	\$7.89	\$7.91	\$8.19	^d	^d	^d

Source: NJ WorkAbility Survey & Current Population Survey.

Notes: ^a N All Respondents = 313, N Current Enrollees = 222, N Former Enrollees = 33.

^b N All Respondents = 324, N Current Enrollees = 231, N Former Enrollees = 34.

^c The lower sample sizes for the WorkAbility groups reflect lack of accurate information regarding either hours worked or wage information. We excluded earnings that were reported to be below \$1.25 an hour or above \$50 an hour.

^d Information about hourly earnings could not be calculated.

APPENDIX 7.2**MONTHLY AND HOURLY EARNINGS BY DISABILITY BENEFIT AND EMPLOYMENT STATUS**

Earnings	Statistic	DISABILITY BENEFIT RECEIPT		EMPLOYMENT STATUS		
		SSDI/SSI	No SSDI/SSI	Self-Employed	Full-Time	Part-Time
Monthly Earnings	Sample Size	227	70	18	49	246
	Mean	\$688	\$1,300	\$571	\$1,816	\$645
	Median	\$600	\$1,275	\$433	\$1,591	\$585
Hourly Earnings	Sample Size	231	77	19	55	250
	Mean	\$8.23	\$10.00	\$7.42	\$10.82	\$8.21
	Median	\$7.50	\$8.90	\$6.83	\$9.50	\$7.50

Source: NJ WorkAbility Survey & Current Population Survey.

APPENDIX 7.3**MEAN QUARTERLY EARNINGS, DLWD AND SURVEY SAMPLES**

Sample	Year	Mean Quarterly		Sample Size
		Earnings	Standard Error	
DLWD	-3	\$1,337.70	75.14	1096
	-2	\$1,237.61	67.17	1096
	-1	\$1,345.71	55.12	1096
	0	\$1,679.89	60.82	1096
	1	\$1,548.38	63.95	1095
	2	\$1,378.30	78.10	861
Survey	-3	\$1,673.77	156.44	379
	-2	\$1,637.95	149.05	379
	-1	\$1,577.99	106.13	379
	0	\$1,911.63	118.82	379
	1	\$1,864.57	136.72	378
	2	\$1,672.37	174.33	274

Source: NJ WorkAbility Survey & DLWD.

APPENDIX 7.4**MEAN QUARTERLY EARNINGS BY NJ WORKABILITY ENROLLMENT STATUS**

Year	<u>CURRENT ENROLLMENT</u>			<u>FORMER ENROLLMENT</u>			T-value of Difference Between Groups	p
	Mean Quarterly Earnings	Standard Error	Sample Size	Mean Quarterly Earnings	Standard Error	Sample Size		
-3	\$1,780.03	187.84	292	\$1,332.45	259.35	86	1.20	0.23
-2	\$1,739.14	182.28	292	\$1,313.41	217.15	86	1.20	0.23
-1	\$1,654.11	130.79	292	\$1,337.86	143.71	86	1.25	0.21
0	\$1,899.53	140.23	292	\$1,974.96	217.99	86	-0.27	0.79
1	\$1,925.81	160.81	291	\$1,679.03	254.57	86	0.76	0.45
2	\$1,883.14	224.62	194	\$1,175.94	239.44	79	1.84	0.07

Source: NJ WorkAbility Survey & DLWD.

APPENDIX 7.5**MEAN QUARTERLY EARNINGS BY DISABILITY BENEFIT STATUS**

<u>NO SSDI/SSI BENEFIT</u>				<u>SSDI/SSI BENEFIT</u>			T-value of Difference Between Groups	p
Year	Mean Quarterly Earnings	Standard Error	Sample Size	Mean Quarterly Earnings	Standard Error	Sample Size		
-3	\$1,867.41	304.96	83	\$1,507.35	142.33	277	1.17	0.24
-2	\$2,184.91	333.75	83	\$1,373.39	118.24	277	2.87	<.001
-1	\$2,464.19	284.54	83	\$1,306.72	95.18	277	4.96	<.0001
0	\$3,169.28	313.66	83	\$1,445.84	87.95	277	7.34	<.0001
1	\$3,359.43	344.63	83	\$1,324.15	82.80	276	8.43	<.0001
2	\$3,193.65	441.33	54	\$1,147.99	102.44	203	6.79	<.0001

Source: NJ WorkAbility Survey & DLWD.

APPENDIX 7.6**MEAN QUARTERLY EARNINGS BY DISABILITY BENEFIT STATUS**

Employment Status	Year	Mean Quarterly Earnings	Standard Error	Sample Size	F-Value
Full Time	-3	\$2,452.06	463.53	53	1.70
	-2	\$2,928.18	476.72	53	4.89*
	-1	\$2,620.61	401.24	53	6.32*
	0	\$3,340.80	412.92	53	9.78**
	1	\$3,763.18	474.80	53	11.33**
	2	\$3,916.27	601.22	32	7.08*
Part Time	-3	\$1,591.30	216.59	224	
	-2	\$1,478.66	204.71	224	
	-1	\$1,488.73	134.51	224	
	0	\$1,741.04	147.38	224	
	1	\$1,729.13	176.25	223	
	2	\$1,670.18	242.44	158	
Unemployed	-3	\$1,477.54	233.33	99	
	-2	\$1,347.29	191.43	99	
	-1	\$1,262.92	140.38	99	
	0	\$1,546.34	183.36	99	
	1	\$1,164.58	159.57	99	
	2	\$805.80	186.26	81	

Source: NJ WorkAbility Survey & DLWD.

Notes: Differences assessed with ANOVA by year of enrollment. Earnings for the fulltime employment group was significantly greater than part-time or unemployed workers for all years except for the third year prior to enrollment, as assessed with Tukey studentized comparisons. * p < .01. ** p < .0001.

CHAPTER 8

EMPLOYMENT SUPPORTS, ACCOMMODATIONS, & SELF-SUFFICIENCY

While the previous two chapters focused on describing employment and earnings among NJ WorkAbility enrollees, this chapter explores various factors that directly or indirectly influence employment. The first section discusses the supports needed to improve employment status, either for unemployed individuals to move to employment or part-time workers to move full-time status. The second section explores the role of accommodation and assistance received by employed survey respondents, with additional data on transportation. The final section of this chapter

examines the idea of self-sufficiency and economic independence.

EMPLOYMENT SUPPORTS

For NJ WorkAbility enrollees, we were curious about what supports would be needed to promote two different transitions: from unemployment to employment of any kind, and from part-time to full-time employment. To assess the first transition, we asked an open-ended question about what supports unemployed respondents would need to return to work. Just over half (55%) of individuals who were asked provided an answer, which accounts for the smaller sample size in Table 8.1.¹ As with other open-ended questions, we grouped responses into a smaller set of broad categories. Fewer than 1 in 3 unemployed respondents cited person-related needs. These responses included needing better education, medical care, or a cure for their health condition. About 1 in 4 respondents discussed employment-related factors, such as the need for a job with flexible schedule, workplace modifications, or a specific type of job. Many individuals (29%) cited the need for specific vocational training (e.g., vocational rehabilitation services, job coaching, and vocational counseling). One in 4 also cited other supports, which for almost everyone involved transportation. A small number (5%) of respondents in this category perceived no possibility of working. The major difference between current and former enrollees was that former enrollees, as with reasons for leaving their last job, mentioned person-related supports more often, though the sample size was small.

TABLE 8.1

SUPPORTS NEEDED BY UNEMPLOYED RESPONDENTS TO RETURN TO WORK, BY NJ WORKABILITY GROUP

Return to Work Supports (%)	NJ WORKABILITY		
	All Respondents	Current Enrollees	Former Enrollees
Person	31	24	38
Employment	26	21	28
Vocational Services	29	33	25
Other	25	24	22
Cannot Work at All	5	6	6

Source: NJ WorkAbility Survey.

Notes: Only 77 of 144 individuals chose to answer this question. N All Respondents = 77, N Current Enrollees = 33, N Former Enrollees = 32. Respondents could have multiple responses.

¹ 58% of unemployed individuals looking for work and 52% of those not looking for work responded.

Those interested in moving from part-time to full-time employment were asked what would be needed to promote this transition. As with the similar question for unemployed respondents, responses were grouped into four categories (person, employment, vocational services, and other). More than one-third (36%) of respondents cited person-centered supports. The most common response in this category involved returning to or completing school, though receiving appropriate medical care, feeling better, or finding a cure for their medical condition were also mentioned. Concerns about employment characterized about 1 in 5 responses. While most reasons focused on job type or necessary modifications, flexibility in schedules was also mentioned. Access to specific vocational services (e.g., finding a job, employment skills) was cited by 1 in 8 respondents. About one-fifth of respondents mentioned other items, and, as with unemployed respondents, the most common response was the need for better transportation. Few individuals specifically cited maintaining disability or other benefits. While 4% stated they could not work full-time, 8% stated that they did not need additional support. Two percent of respondents either did not know what would help them or the response could not be coded.

TABLE 8.2

SUPPORTS NEEDED BY PART-TIME WORKERS TO INCREASE HOURS TO FULL-TIME, BY NJ WORKABILITY GROUP

SUPPORTS FOR FULL-TIME EMPLOYMENT (%)	<u>NJ WORKABILITY</u>	
	All Respondents	Current Enrollees
Person	36	34
Employment	22	25
Vocational Services	12	15
Other	22	18
Cannot Work Full-Time	4	5
Does Not Need Support	8	8
Don't Know	2	2
Cannot Code	2	3

Source: NJ WorkAbility Survey.

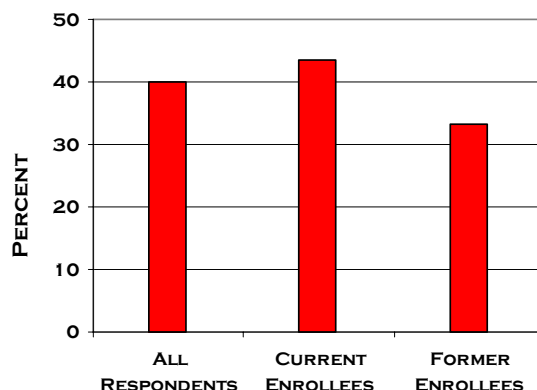
Notes: N All Respondents = 83, N Current Enrollees = 61. Former enrollees not shown because of small sample size.

JOB ACCOMMODATIONS AND ASSISTANCE

Job accommodations, including receipt of personal assistance for job-related duties, are necessary components of employment for many persons with disabilities. Two of every five employed persons in the sample received some type of accommodation at their worksite (see Figure 8.1 and Appendix 8.1). Former enrollees who were employed were less likely to receive a modification than current enrollees.

FIGURE 8.1

PERCENT OF EMPLOYED RESPONDENTS REPORTING JOB ACCOMMODATIONS, BY NJ WORKABILITY GROUP

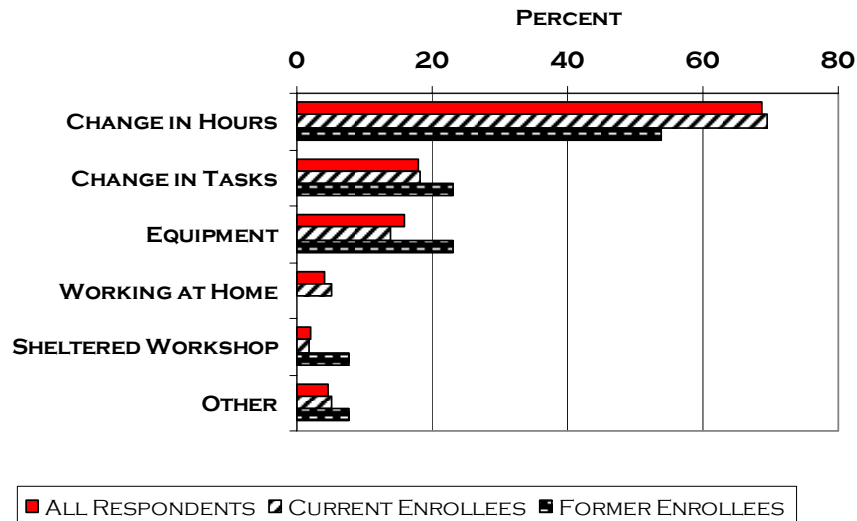


Source: NJ WorkAbility Survey.

As shown in Figure 8.2, more than two-thirds of respondents who had an accommodation reported a change in hours. This category included flexibility in the hours worked per day or days worked, the ability to take time off for physician visits, and shifting schedules to attend to health needs. Other common types of modifications included a change in job-related tasks (e.g., reducing the need to reach or lift heavy objects, minimizing cleaning duties) or the addition of specific equipment (e.g., ergonomic desks, computers). Only a few respondents reported working from home or working at a sheltered workshop.

FIGURE 8.2

TYPE OF JOB ACCOMMODATIONS AMONG RESPONDENTS WITH ACCOMMODATIONS, BY NJ WORKABILITY GROUP



Source: NJ WorkAbility Survey.

The necessity of employer accommodations through flexible schedules, rather than assistance, equipment, or job modifications, was the principal theme in the focus group and survey responses when we asked about employment transitions. Because of the difficulty in finding accommodating employers, many focus group participants discussed seeking jobs which by their nature were accommodating or flexible, such as disability advocacy, where having a disabling condition is viewed as a desired qualification for the position. The need for flexible scheduling was important for many individuals, so working from home or arrangements that allow arrival to fluctuate were important, such as personal assistant positions. A few participants had a supportive employer at the time that they obtained their disability who provided flexibility and so never had to leave their positions.

- *I also work part-time, one day a week, which I seem to be able to tolerate. But I have to find environments that are very flexible and I'm comfortable in that aren't too physically stressful or demanding.*
- *Every place I went they pretty much offered me a job, but I was afraid to commit to anything because I can't promise to be anywhere at 9 in the morning.... That's why I do transcription at home, because it was a way to not work in an office and work on my schedule.*
- *Prior to becoming disability, I worked three jobs—one full-time and two part-time jobs. I had to give up the full-time job and one of the part-time jobs when I got hurt. But the job where I am now is just for a couple of days a week, or whenever I can go in. The boss has been very lenient. I can tell him if I feel okay, I can go in. If I have a bad day, I don't have to go in. I can go in whenever I feel like it, so that's fine, that has really worked out for me. .*
- *Although the job I'm doing now, they're kind of accommodating. I can work from home a few days a week, but it's something that people might not understand, even if you explain it to them.*
- *I need a job that's very flexible, where I can dictate my own time when my illnesses flare up and they're really bad, I can pull back on my hours, and then there's some weeks when I'm feeling good and I want to make up the hours.*

Employed respondents were also asked whether they received on-the-job personal assistance. Almost 1 in 5 (18%) employed persons received workplace assistance². More than one-quarter of respondents (28%) had assistance with specific job tasks (such as help with answering phones, completing paperwork, or equipment), while 23% of respondents had assistance with physical tasks (e.g., lifting). One-fifth (20%) reported extra supervision (e.g., reminders), and 16% had job coaching. In examining who provides on-the-job assistance, almost two-thirds (62%) received assistance from a co-worker or supervisor, while one-third (32%) received assistance through a job coach and only 3% of respondents had another type of paid assistant. Just over half (56%) of respondents had assistance that was paid. Of those who had paid assistance, the majority (82%) of that assistance was paid through an employer (82%), with few receiving funding from Medicaid (5%) or some other source (10%). No one reported paying for personal assistance themselves. When asked about how many hours of personal assistance was received per week, 44% of respondents could not provide a specific number, 18%

² Because of small sample sizes for personal assistance, variables related to personal assistance for former enrollees are not shown. Data is presented in Appendix 8.1.

received one hour, 17% received between 2 and 5 hours, 9% received between 5 and 15 hours, and 11% received 16 or more hours per week.

Persons who received personal assistance at the workplace were asked how essential that assistance was in maintaining employment on a scale of 1 (not at all) to 5 (essential). We also had information about whether or not respondents received assistance at home; for those individuals, we also asked how essential the home-based assistance was to keeping a job. Half (52%) of respondents who received assistance at work reported that the receipt of personal assistance was essential to keeping employed, compared to 45% of respondents who received assistance at home (see Table 8.3).

TABLE 8.3

PERSONAL ASSISTANCE AT WORK OR HOME AS ESSENTIAL TO MAINTAINING EMPLOYMENT

Personal Assistance Essential for Work Rating (%)	RECEIVES PERSONAL ASSISTANCE	
	At Home	At Work
1- Not at all essential	12	4
2	6	7
3	17	16
4	15	16
5- Essential	45	52
Don't Know	6	4

Source: NJ WorkAbility Survey.

Note: N At Home = 152, N At Work= 68.

As seen earlier, transportation is a key issue for respondents in increasing their employment status. Table 8.4 shows the transportation source for employed respondents. It should be noted that this group may have already solved any issues with transportation; those with issues might not be employed. The majority (54%) travel to work by driving their own vehicle. Other common modes of transportation included walking or using a wheelchair (13%), getting a ride to work from a friend or family member (11%), and working at home (7%). Few individuals use public transportation. Current enrollees reported driving their own vehicle (58%) at a higher rate than former enrollees (46%).

SELF-SUFFICIENCY

In addition to asking enrollees about employment transitions and supports, focus group participants were asked about self-sufficiency—whether individuals could be independent of social and government supports (i.e., cash benefits). Many of the responses to our question about self-sufficiency mirrored responses to other topics.

TABLE 8.4
TRANSPORTATION SOURCE FOR EMPLOYED PERSONS, BY NJ WORKABILITY GROUP

Transportation Source	NJ WORKABILITY		
	All Respondents	Current Enrollees	Former Enrollees
Drive own vehicle	54	58	46
Public transportation	2	2	5
Ride to work in a car driven by someone else	11	9	13
Walk/ wheelchair	13	14	13
County paratransit	2	2	3
Take a cab	3	2	3
Work at home	7	5	10
Employer provided	2	3	3
Non profit agency van	2	2	3
Other	3	3	3

Source: NJ WorkAbility Survey.

Note: N All Respondents = 374, N Current Enrollees = 265, N Former Enrollees = 39.

As with full-time employment, self-sufficiency was not viewed as a realistic option by many. Though desirable, it was referred to as an “impossible dream.” Many saw themselves as never being able to reach a position of earning enough to support themselves because of their health or disability. Alternatively, if some individuals were to become independent, they feared that their health could deteriorate or their disability worsen to such a degree that any independence would be unstable. Thus, health and disability issues remained a common concern. Several focus group participants commented that self-sufficiency would require in many cases not just appropriate medical care, but a medical cure. In addition, some participants cited the need for access to technological aids or accessible, affordable, and guaranteed health insurance.

Another oft mentioned requirement for self-sufficiency was an improved or accommodating labor market. Many participants talked about the economy, the need for jobs which paid significantly more than minimum wage, and access to jobs similar to ones that they had before their disability onset. The issues of underemployment, the difficulty in finding jobs similar to ones held before the onset of a disabling condition, and the need for a proper fit for employer/employee came up during this discussion.

- *I was working in a textile finishing mill making \$20 an hour, you know, a union shop and I'm reduced now to working in ... a little indoor amusement park making \$6.50 an hour and it's demeaning.*
- *It will be very difficult to find a job compatible to where I was before and then I have the problem, you know, you've been on disability, you're making it on that amount of money, you've lived on that. So if you find another job that's not making as much and maybe your responsibilities are not the same, well I'll tell you the people, they're not going to hire you, because they look at your background and say, "Oh, she's not staying here. We're not giving her that job." So I have problems trying to find a job in my own field.*

- *To be self-sufficient, I can't settle for a job that pays a couple of hundred dollars a week.*

Finally, a few individuals did perceive self-sufficiency as a realistic goal.

- *My doctor prescribed a new medication and it worked. It finally worked, no side effects. I'm stable and everything, and I'm able to focus, so now that I started working part-time, I just read the benefits of working full-time, and they're pretty good, so I have faith.*
- *[To be self-sufficient depends on] just getting a good full-time job, and I have the education and the work experience in my past to pick up a good full-time job, so applying myself to the situation, I think.*

DISCUSSION

In facilitating employment transitions, health needs were a common concern, but vocational training, transportation, and employer accommodations were also important. About 2 in 5 employed respondents reported that they received accommodations from their employer, and those accommodations most often involved flexibility in the days or hours worked.

Access to vocational services may be extremely beneficial to this population. While NJ WorkAbility is a health coverage plan, it is unrealistic to assume that simply by providing coverage, vocational needs would be met and vocational experiences improved. There is clearly a demand for vocational services: 1 in 4 unemployed survey respondents and 1 in 8 survey respondents who worked part-time mentioned the need for vocational services as a needed support to either to find work or to increase the amount of time that they worked. Vocational services, either through state vocational rehabilitation services or private entities, could also provide assistance with another key support mentioned by respondents: finding employers who would provide appropriate accommodations. If such services were available or brought to enrollees' attention, employment could be maintained or improved, and fewer individuals may drop out of the program. Education was also a factor that was cited more often than health needs.

Self-sufficiency was not perceived as a viable goal by most of the individuals we talked with. Three barriers to self-sufficiency emerged from the data: the limitations on activities due to health conditions or impairments; the lack of full-time employment opportunities which provide accommodations, particularly flexible schedules, at wages equivalent to the jobs held before the onset of the disabling condition; and the reliance on cash disability and other benefits for support. There were enrollees, however, who were "self-sufficient"—individuals who no longer received or were never on cash disability benefits. Our research does not provide sufficient evidence of their work histories and characteristics. Future research should specifically target this group of individuals to examine how they use NJ WorkAbility and if the access to NJ WorkAbility prevents the need to access the cash disability benefit rolls.

APPENDIX 8.1**JOB ACCOMMODATIONS & PERSONAL ASSISTANCE, BY NJ WORKABILITY GROUP**

	NJ WORKABILITY		
	All Respondents	Current Enrollees	Former Enrollees
Job Accommodation (%) ^a			
Yes	40	43	33
No	58	55	62
Don't Know	2	2	5
Type of Accommodation (%) ^{b, c}			
Change in Hours	69	70	54
Change in Tasks	18	18	23
Equipment	16	14	23
Working at Home	4	5	0
Sheltered Workshop	2	2	8
Other	5	5	8
Personal Assistance at Job (%) ^d			
Yes	18	20	18
No	80	79	82
Don't Know	2	2	0
Type of Assistance (%) ^{c, e}			
Physical Tasks	23	25	f
Specific Job Tasks	28	31	f
Job Coaching	16	15	f
Supervision	20	23	f
Not Specific	5	2	f
Other	8	5	f
Who Provides Assistance (%) ^g			
Co-Worker	62	71	f
Job Coach	32	29	f
Paid Personal Assistant	3	0	f
Other	1	0	f
Don't Know	1	2	f
Assistance Paid (%) ^h			
Paid	56	53	f
Unpaid	27	31	f
Both	4	4	f
Don't Know	13	12	f
Payer for Assistance (%) ⁱ			
Employer	82	82	f
Medicaid	5	4	f
Self Pay	0	0	f
Other	11	11	f
Don't Know	3	4	f

Source: NJ WorkAbility Survey.

Notes: ^a N All Respondents = 374, N Current Enrollees = 265, N Former Enrollees = 39.

^b N All Respondents = 150, N Current Enrollees = 115, N Former Enrollees = 13.

^c Persons may have more than one response.

^d N All Respondents = 374, N Current Enrollees = 265, N Former Enrollees = 39.

^e N All Respondents = 64, N Current Enrollees = 48.

^f Sample size less than 10.

^g N All Respondents = 69, N Current Enrollees = 52.

^h N All Respondents = 68, N Current Enrollees = 51.

ⁱ N All Respondents = 38, N Current Enrollees = 27

CHAPTER 9

OTHER BENEFITS AND HEALTH COVERAGE ISSUES

In this chapter, we review evaluation findings for a series of other outcomes and issues related to NJ WorkAbility. The previous three chapters documented our evaluation findings regarding employment and earnings outcomes among persons with disabilities that can be linked to NJ WorkAbility and additional barriers that limit the ability to work. However, we can reasonably expect that the availability of health coverage through NJ WorkAbility to employed persons with disabilities may bring other benefits, some tangible and others less so. Our survey data and focus group discussions

provided some insights into other benefits and quality of life enhancements attributable to NJ WorkAbility.

This chapter also covers the survey findings regarding current sources of health coverage, aside from Medicaid, reported by NJ WorkAbility survey respondents, and summarizes trends in actual Medicaid expenditures and healthcare utilization, as documented by Medicaid claims files maintained by DMAHS.

Finally, in the context of a policy issue regarding appropriate premium levels to be charged for NJ WorkAbility, we analyze responses to a series of pricing questions designed to assess the value that NJ WorkAbility participants place on their Medicaid coverage, or their “willingness to pay” for this coverage.

OTHER PROGRAM IMPACTS

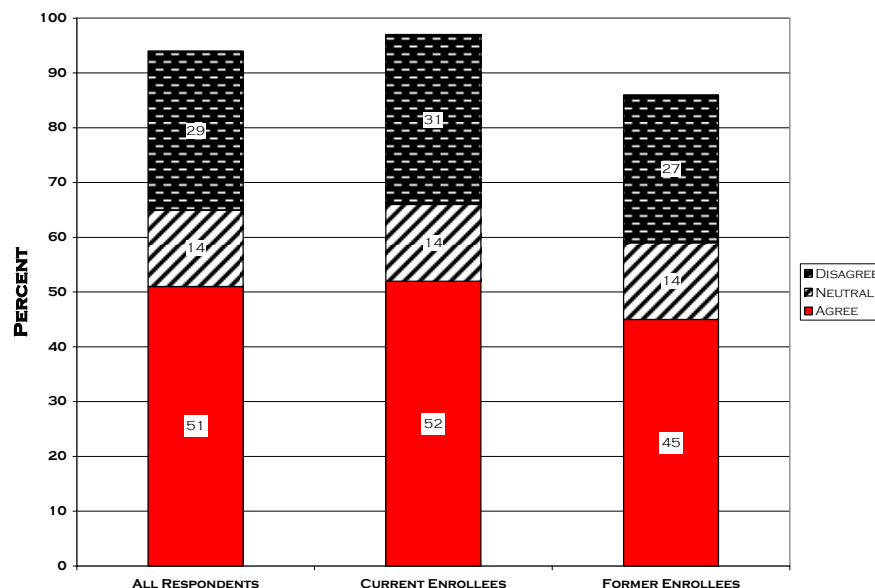
Survey respondents who were familiar with NJ WorkAbility were asked to rate their agreement or disagreement, on a five-point scale ranging from “strongly agree” to “strongly disagree,” to the following statements:

Because of NJ WorkAbility:

- I have more money to spend on myself or on activities that I enjoy.
- I am able to live in a better place.
- I have more time to spend on my personal needs or on activities that I enjoy.
- I am able to bank more of my income as savings.

Quality of life enhancements and other possible benefits of NJ WorkAbility were also explored in our focus group discussions.

FIGURE 9.1
PROGRAM IMPACT
"I HAVE MORE MONEY TO SPEND"



Source: NJ WorkAbility Survey.

Note: Numbers do not add to 100 due to non-response.

IMPACT ON DISCRETIONARY INCOME

About half (51%) of survey respondents agreed that their participation in NJ WorkAbility increased their discretionary income, enabling them to meet more of their expenses or to engage in leisure activities or other enjoyable pursuits (see Figure 9.1 and Appendix 9.1). Current program enrollees were more likely to feel this way, compared to former enrollees. We cannot say, at this juncture, how much of this improvement in discretionary income resulted from increased employment and earnings rather than from reductions in personal expenditures on health care items and services due to the availability of Medicaid coverage.

However, there was general agreement among participants in our focus groups that the availability of Medicaid to cover health care expenses did relieve financial stress. They did not have to worry about how to pay for prescription medications or doctor visits. They could meet other personal and household expenses (e.g., clothing, auto insurance, and car maintenance expenses) and live more comfortably. Some participants also specifically mentioned that, because of their Medicaid coverage, they had a little extra discretionary income which they could use to enjoy an occasional “night out” at a movie or to buy small gifts for their grandchildren. A few focus group participants mentioned that the extra money (and extra time, due to freedom to work part-time) also enabled them to go back to school and finish their education.

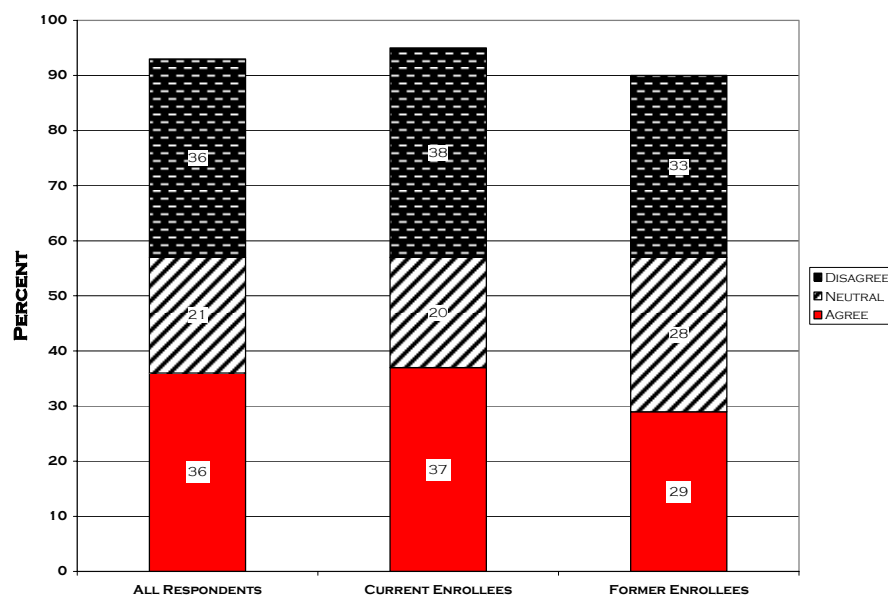
IMPACT ON HOUSING

Adequate and affordable housing is frequently an issue among persons with disabilities, particularly among people with mental health disabilities. We hypothesized that better housing options might become available to persons with disabilities who work and earn more under NJ WorkAbility. However, as shown in Figure 9.2 and Appendix 9.1, survey responses to this question were equivocal at best; almost the same number of respondents agreed as disagreed that their housing situation had improved as a result of their participation in NJ WorkAbility.

FIGURE 9.2

PROGRAM IMPACTS

"I AM ABLE TO LIVE IN A BETTER PLACE"



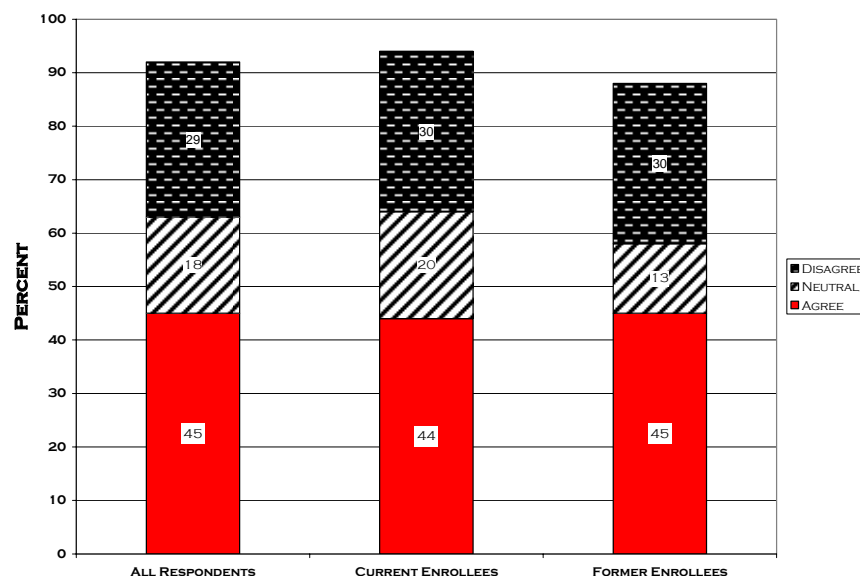
Source: NJ WorkAbility Survey.

Note: Numbers do not add to 100 due to non-response.

IMPACT ON AMOUNT OF DISCRETIONARY TIME

When asked directly if they had more discretionary time as a result of NJ WorkAbility, just over 45% of our survey respondents agreed that they had more time to spend on personal needs or discretionary activities because of NJ WorkAbility, while 29% disagreed with this statement (see Figure 9.3 and Appendix 9.1). Some of this increase in discretionary time may come from decisions to reduce work effort. Recall that in Chapter 6, we reported that 33% of our survey respondents reported that, over the 12 month period preceding their interview, they had decreased their work hours after enrollment; of these, 24% attributed this decision to their enrollment in NJ WorkAbility.

FIGURE 9.3
PROGRAM IMPACT
 "I HAVE MORE TIME FOR OTHER ACTIVITIES"



Source: NJ WorkAbility Survey.

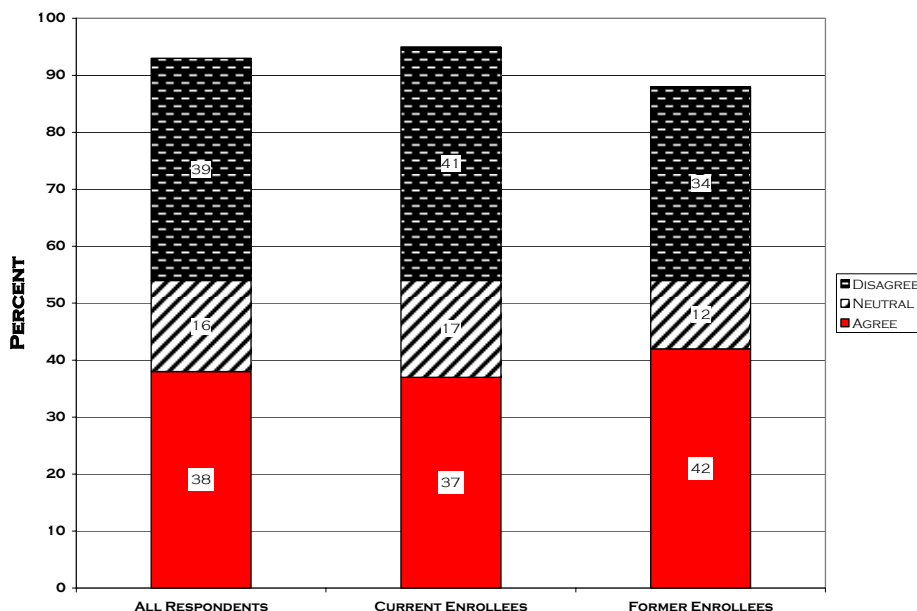
Note: Numbers do not add to 100 due to non-response.

IMPACT ON ASSET ACCUMULATION

NJ WorkAbility is distinguished from other Medicaid options in New Jersey, as well as from the Medicaid Buy-in programs in most other states, by its relatively high resource limit: single NJ WorkAbility participants are allowed to hold up to \$20,000 in assets, not including their residence, one vehicle for transportation, and savings in retirement accounts.¹ One could hypothesize that the ability to work and earn more under NJ WorkAbility, compared to other Medicaid options, coupled with the higher asset limit for the Medicaid option, might encourage participants to accumulate more assets. However, as described in Chapter 4, two-thirds of our survey respondents reported asset holdings of \$5,000 or less, and most of the remaining respondents fell well below the \$20,000 limit. Further, as shown in Figure 9.4 and Appendix 9.1, our survey respondents were almost equally divided on the question of whether or not they were able to save more as a result of NJ WorkAbility. Just 38% of all survey respondents agreed that they were able to save more money as a result of NJ WorkAbility, and 39% of survey respondents disagreed with this statement. Current enrollees were slightly more likely to disagree that they were able to save more under NJ WorkAbility. One possible explanation is that earned incomes were not high enough for the NJ WorkAbility program participants to generate enough savings; after all, most survey respondents only worked part time, and many of these part time workers did not believe that they would be able to work full time and substantially increase their earnings any time soon, if ever. Due to the relative newness of the program and the short length of time enrolled, respondents may not have had sufficient time to begin to accumulate appreciable asset holdings.

¹ The asset limit rises to \$30,000 for couples on NJ WorkAbility.

Asset limits were not a common topic in the focus groups. When the subject was mentioned, the discussion centered on specific circumstances, such as the treatment of “windfall” assets from an inheritance or the treatment of business assets (for self-employed individuals) under NJ Workability rules.

FIGURE 9.4**PROGRAM IMPACT***"I CAN BANK MORE EARNINGS AS SAVINGS"*

Source: NJ WorkAbility Survey.

Note: Numbers do not add to 100 due to non-response.

OTHER QUALITY OF LIFE IMPACTS

In general, focus group participants felt that their ability to work and to retain their Medicaid coverage through NJ WorkAbility was of great benefit, and several persons commented on how grateful they were for NJ WorkAbility. For a few persons, Medicaid coverage under NJ WorkAbility was extremely important to their well-being. One participant with multiple physical disabilities said, *"I don't know what I would do without NJ WorkAbility."* Another participant commented that *"NJ WorkAbility probably saved my life"*, citing the availability of the health care and prescription medication coverage that she literally needed to survive. Other participants discussed the improvements to their emotional health that they experienced due to their ability to work and feel productive under NJ WorkAbility. These and other quality of life improvements described above are less tangible and cannot always be measured in dollars and cents, but are no less important to the population served by NJ WorkAbility.

However, while they are grateful for the Medicaid health care coverage that they receive, current and former NJ WorkAbility enrollees who participated in our focus groups commented on the limitations placed by Medicaid on their access to health services and providers. In each of our focus group sessions, one or more participants voiced frustration with the limited number of health care providers available to them through Medicaid, particularly for specialists. For dental services, specialists, or to obtain eyeglasses, NJ WorkAbility clients have to sometimes travel long distances into major urban areas where the few Medicaid providers for these services are located. There was also the perception that the quality of care available through Medicaid was lower than that available to those with health coverage through private or employer-based health plans. This, of course, is an issue for all Medicaid recipients, and not just NJ WorkAbility participants. However, many NJ WorkAbility participants have likely had better access to a more comprehensive network of quality health care providers in the past through their private or employer-based health plans, and they are well-aware of the limitations of Medicaid in this regard. Also, as we shall see below, because of the high representation of SSDI recipients on the NJ WorkAbility rolls, most NJ WorkAbility enrollees had dual eligibility for both Medicare and Medicaid. This population has a wider range of options open to them regarding physician choice and availability of specialists, especially if they are able to pay the co-payment charges for services from a physician who accepts Medicare (but not Medicaid) patients.

CURRENT HEALTH INSURANCE COVERAGE

Almost all of our survey respondents (98%) reported that they had health coverage from one or more sources. Medicare and Medicaid were the primary sources of health care coverage for the respondents to the NJ WorkAbility survey (see Table 9.1). All current program enrollees had Medicaid coverage, and more than three-quarters of these respondents (76%) also had Medicare. Seven percent of the survey respondents who were currently enrolled in NJ WorkAbility mentioned that they had health insurance through an employer (either their own employer or through a family member's employer), and 5% had health coverage through another private insurance plan.

TABLE 9.1
CURRENT HEALTH INSURANCE COVERAGE BY NJ WORKABILITY GROUP

	All Respondents	NJ WORKABILITY	
		Current Enrollees	Former Enrollees
% with Health Insurance Coverage	98	100	96
Source of Coverage:			
Medicaid	89	100	65
Medicare	76	76	75
Employer	8	7	12
Private (not through employer)	5	5	6
Some other source	7	5	8

Source: NJ WorkAbility Survey

Notes: N All Respondents = 515; N Current Enrollees = 324; N Former Enrollees = 96. Respondents could have more than one source of coverage.

Former NJ WorkAbility enrollees were slightly more likely to have health insurance or coverage through an employer and/or some other source. Three-quarters of this group was also covered through Medicare, and 65% reported that they were on the Medicaid rolls. However, 1% reported that they did not have health insurance when they were surveyed, and another 1% would not provide this information. Four percent of former enrollees did not have health coverage at the time of their interview.

Aged, blind, and disability Medicaid recipients in New Jersey may receive coverage either under a fee for service arrangement, or through a Medicaid HMO. According to Medicaid eligibility records for this population, most NJ WorkAbility enrollees (current and former) were enrolled in the Medicaid fee for service plan; only about 10% were enrolled in a Medicaid HMO (data not shown).

Certain NJ WorkAbility participants who are enrolled in the Medicaid fee-for-service option and who experience difficulty in accessing health care through Medicaid may improve their situation by enrolling in a Medicaid HMO. Depending on where they live in New Jersey, Medicaid participants may have better access to primary care and/or specialists through a Medicaid HMO, compared to the providers available to them under the Medicaid fee for service option. Also, in New Jersey, the Medicaid HMO option will also provide, upon request, a case manager who will assist Medicaid HMO enrollees who qualify due to disability in negotiating the health care system and obtaining needed services.

MEDICAID EXPENDITURES

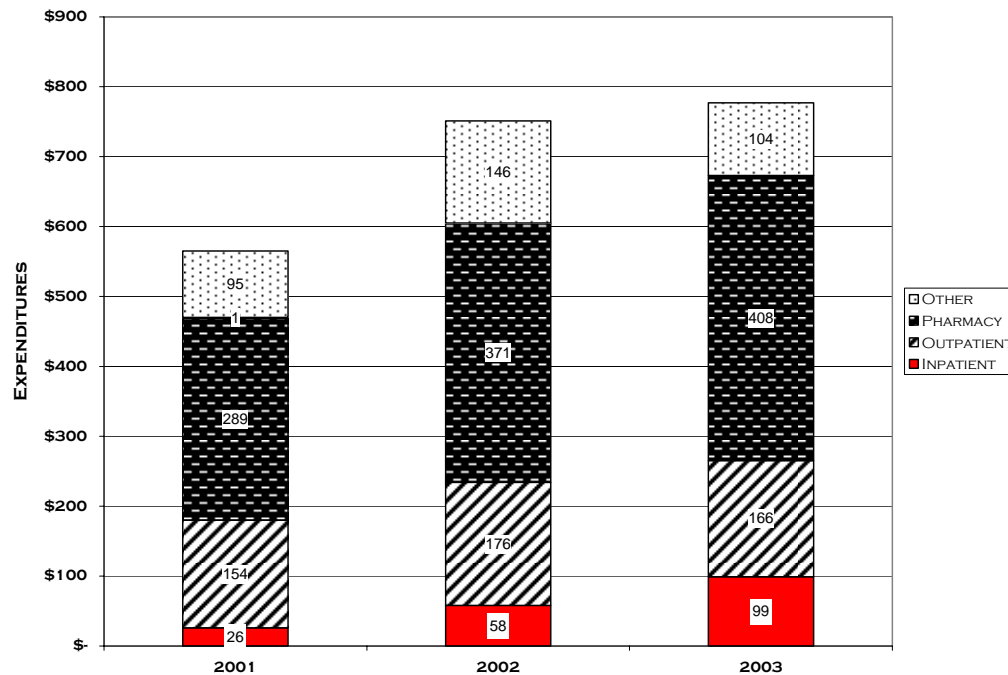
Access to Medicaid claims data for the entire NJ WorkAbility population allowed us to examine how NJ WorkAbility program enrollees utilized their Medicaid coverage since the program's inception in 2001. We calculated, on a per person per month basis, the average actual health care expenditures paid through Medicaid, based on approved and paid Medicaid claims data for these expenditures. This data is provided in Table 9.2 for all NJ WorkAbility enrollees. The distribution of expenditures under fee for service plans is shown in Figure 9.5.

TABLE 9.2
AVERAGE PER PERSON PER MONTH MEDICAID EXPENDITURES

COST CATEGORY	YEAR		
	2001	2002	2003
Fee For Service Claims - Total (\$)	563	751	778
Inpatient	26	58	99
Outpatient	154	176	166
Pharmacy	289	371	408
Other	95	146	104
Capitation Payments (\$)	15	49	37

Source: NJ Division of Medical Assistance and Health Services, Medicaid Claims Files.

FIGURE 9.5
PER PERSON PER MONTH MEDICAID EXPENDITURES BY EXPENDITURE
CATEGORY AND YEAR



Source: NJ Division of Medical Assistance and Health Services, Medicaid Claims Files.

Costs for inpatient, outpatient, pharmacy, and other services reflect claims paid on a fee-for-service basis for covered services. Other services include home health services, laboratory tests, supplies, and dental and optical services. Capitation costs reflect payments to Medicaid HMOs for those enrollees who selected a Medicaid managed care plan.

Monthly paid claims, averaged over program enrollees, rose from \$578 in 2001 to \$815 in 2003. Claims for prescription medications accounted for 45 to 50% of these paid claims, while utilization of outpatient services accounted for 20 to 25% of all paid Medicaid claims. Conversely, inpatient treatment costs, on average, were quite low. This data, in conjunction with our survey data, suggest that the majority of NJ WorkAbility enrollees (who also had coverage through Medicare because of their SSDI beneficiary status) may be utilizing NJ WorkAbility to cover those health care costs, such as pharmacy and mental health outpatient costs, that are not typically reimbursable under Medicare.

Very low capitation payments per person per month reflect the very low levels of enrollment in Medicaid managed care plans among NJ WorkAbility enrollees.

WILLINGNESS TO PAY FOR NJ WORKABILITY

Like the Medicaid Buy-in programs in several other states, participants in New Jersey WorkAbility may be asked to pay a premium for their Medicaid coverage. The current statutory premium level is \$25 per month for program participants whose combined earned and unearned income exceeds 150% FPL. However, New Jersey has not yet implemented a premium collection process. Implementation of a billing and collection system for this purpose was not judged to be cost-effective when the program was introduced, due to the relatively low level of anticipated revenues. At the request of the Division of Disability Services, this evaluation included some assessment of the value which participants in NJ WorkAbility place on the Medicaid coverage that they receive under this program. To this end, we utilized a contingent valuation method (CVM) to gather data on the willingness of program participants to pay for the Medicaid coverage that they receive under NJ WorkAbility. A brief description of this methodology is provided in Appendix D at the end of this report.

Using an approach adapted from Cantor et al. (2001), we included a series of “price point” questions in the survey to elicit willingness to pay for the Medicaid coverage provided under NJ WorkAbility. The first question in this series was:

“How likely would you be to purchase the Medicaid health coverage that you receive under (WorkAbility/Ticket to Work/Medicaid Buy-In program) for yourself at a cost of \$175 per month? Would you definitely purchase it, probably, probably not, or definitely not purchase it?”

A response to this question of “probably not” or “definitely not” triggered a series of follow-up questions that probed for purchase decisions for a range of declining price points; these were \$150 per month, \$100 per month, \$75 per month, and \$50 per month. When a respondent indicated some willingness to purchase this Medicaid coverage (with a response of “definitely” or “probably” purchase), we assumed that the respondent would be willing to purchase at lower prices as well. Since program participants from lower-income households were not required, under the current rules, to pay the current premium for this coverage, we limited this series of questions to those persons with a reported household income exceeding \$20,000 per year.²

A total of 122 eligible respondents (based on their responses to our categorical household income question) were eligible to answer our battery of WTP questions. Table 9.4 summarizes their responses. According to Table 9.3, just over 30% of 122 respondents who were asked this question would either definitely or probably purchase the Medicaid coverage that they received under NJ WorkAbility for \$175 per month. A handful of other respondents (another 2% or a total of 32%) would make this purchase at a slightly lower price point (\$150 per month). As we would expect, willingness to pay for this Medicaid coverage increased as the “price point” declined; at our lowest

² Also, evidence from our initial pre-test of the survey questionnaire indicated that respondents from lower-income households would invariably decline to purchase this coverage at any of the price points, often affirming that they could not afford to pay for this coverage.

price point (\$50 per month), just over 3 out of every 5 survey respondents (61%) were willing to pay for their Medicaid coverage.

TABLE 9.3
ESTIMATES OF WILLINGNESS TO PAY

Monthly Premium	Definitely Purchase (%)	Cumulative Definite Purchase Probability (%) ^a	Probably Purchase (%)	Cumulative Purchase Probability (%) ^b
\$175	12	12	18	30
\$150	0	12	2	32
\$100	2	14	12	46
\$ 75	1	15	7	54
\$ 50	2	17	5	61

Source: NJ WorkAbility Survey.

Notes: N = 122.

^a Cumulative Definite Purchase Probability is the percentage of respondents who would definitely purchase the specified Medicaid coverage at the indicated monthly premium, assuming that those respondents who indicated that they would definitely purchase the product at a higher monthly premium (say, at \$175 per month) would also definitely purchase the same product at successively lower monthly premiums.

^b Cumulative Purchase Probability is defined similarly to the cumulative definite purchase probability, except that it also includes those respondents who indicated that they would probably purchase the specified Medicaid coverage at the indicated monthly premium and assuming that those who would purchase the product at a high monthly premium would also purchase the same product as successively lower monthly premiums.

The cumulative purchase probabilities listed in Table 9.3 were based on hypothetical responses to hypothetical questions. As explained in the methodological note in Appendix 9.2, we can expect that these hypothetical responses will overstate actual purchase decisions should price premiums be imposed. Thus, these cumulative purchase probabilities should be regarded as an upper bound estimate of the actual take-up rate for each specified price point. While our research design did not allow us to accurately calibrate responses by identifying all “definitely purchase” decisions at each price point, we can provide available “definite purchase” responses to delineate a “lower bound” estimate of WTP for NJ WorkAbility Medicaid coverage.³ These are shown as “cumulative definite purchase probabilities” in Table 9.3.

These lower bound estimates are quite low; only 17% of our respondents indicated that they would definitely pay \$50 per month for their Medicaid coverage under NJ WorkAbility. This percentage would be higher had we ascertained the price points for a “definite purchase” response for all respondents.

Finally, 28% of all respondents to this question told us that they would not be willing to pay any of the stated monthly prices for their Medicaid coverage under NJ WorkAbility. Another 12% of eligible respondents were unable (did not know) or unwilling to answer this series of questions (data not shown).

³ A better approach on our part would have been to ask this series of ‘price point’ questions until we elicited a “definitely purchase” response, instead of stopping at “probably purchase.” However, concerns about overall interview length and interviewee fatigue with this set of questions prompted us to exit from this set of questions once we had identified a “probable purchase.”

Given the high representation of persons with mental health disorders in NJ WorkAbility (and in Medicaid Buy-in programs in other states) and their heavy reliance on prescription medications to treat their disability, we hypothesized that this population might exhibit a higher willingness to pay for a health coverage option that pays for their prescription medications. We divided our sample of respondents by type of disability, identifying those who reported a mental health disability and those who did not, calculating separate willingness to pay estimates for these two groups. Table 9.4 presents these estimates, accompanied by revised WTP estimates for the entire sample of 112 respondents for whom a disabling medical condition or disability could be identified.

A simple comparison of both upper and lower bound WTP estimates indicates that persons with mental health disabilities were somewhat more willing to pay for the Medicaid coverage that they received under NJ WorkAbility, compared to persons without mental health disabilities. The range of willingness to pay, or the difference between the upper and lower bound WTP estimates, was also much larger among the mental health population, compare to those with physical or other disabilities.

We should also note that one out of four respondents with mental health disabilities (25%) told us that they would not pay for NJ WorkAbility at all, compared to 29% of respondents with no mental health disabilities. Only 4% of our mental health disability group refused to answer this question, compared to 10% of respondents with no mental health disabilities (data not shown).

TABLE 9.4**ESTIMATES OF WILLINGNESS TO PAY BY TYPE OF DISABILITY**

Monthly Premium	<u>MENTAL HEALTH DISABILITY</u>^a		<u>OTHER TYPE OF DISABILITY</u>^b		<u>TOTAL</u>^c	
	Cumulative Definite Purchase	Cumulative Purchase Probability (%)	Cumulative Definite Purchase Probability (%)	Cumulative Purchase Probability (%)	Cumulative Definite Purchase Probability (%)	Cumulative Purchase Probability (%)
	Probability (%)	(Upper Bound)	Probability (%)	Probability (%)	Probability (%)	(%) (Upper
	(Lower Bound)		(Lower Bound)	(Upper Bound)	(Lower Bound)	Bound)
\$175	10	39	14	25	13	31
\$150	10	39	14	29	13	33
\$100	12	53	16	43	14	47
\$ 75	14	61	16	52	15	56
\$ 50	18	71	16	57	17	63

Source: NJ WorkAbility Survey.

Notes: ^a N = 49. ^b N = 63. ^c N = 112.

DISCUSSION

Benefits of enrollment in NJ WorkAbility go beyond the employment and earnings impacts discussed in Chapters 6 and 7. The guarantee of health care coverage while employed relieves some of the financial and personal stress caused by their health care expenses and contributes to improving quality of life in other ways. We did not find any evidence that the higher resource limits set for this program encourages asset accumulation among NJ WorkAbility enrollees, although it may be too early in the program to observe this outcome.

NJ WorkAbility enrollees, the majority of whom also had coverage under Medicare, appeared to utilize their Medicaid coverage for those health care services and items that are not reimbursable by Medicare; prescription medications accounted for the largest proportion of Medicaid expenditures under NJ WorkAbility.

NJ WorkAbility enrollees recognized the value of the coverage that they received under this program, even if they were not currently asked to pay the \$25 monthly premium. Our estimates of the willingness to pay for this Medicaid coverage among those survey respondents who would likely be required to pay this premium indicated that more than half would pay \$50 per month for their coverage, and some respondents would pay as much as \$175 per month for their coverage. We note, however, that as these were hypothetical responses to hypothetical questions, they likely overstated the true percentage of enrollees who would remain in the program and pay a monthly premium for their coverage, should New Jersey decide to collect a premium.

APPENDIX 9.1

OTHER PROGRAM IMPACTS

Because of NJ Workability:	NJ WORKABILITY		
	All Respondents	Current Enrollees	Former Enrollees
I have more money to spend on myself/ activities that I enjoy (%)			
Strongly Agree	30	31	25
Somewhat Agree	21	21	20
Neither Agree nor Disagree	14	14	14
Somewhat Disagree	9	10	8
Strongly Disagree	20	21	19
Don't Know	6	3	15
I am able to live in a better place (%)			
Strongly Agree	21	22	17
Somewhat Agree	15	15	12
Neither Agree nor Disagree	21	20	28
Somewhat Disagree	13	12	18
Strongly Disagree	23	26	15
Don't Know	7	5	10
I have more time to spend on my personal needs or activities that I enjoy (%)			
Strongly Agree	24	25	21
Somewhat Agree	21	19	24
Neither Agree nor Disagree	18	20	13
Somewhat Disagree	11	11	14
Strongly Disagree	18	19	16
Don't Know	8	7	12
I am able to bank more income as savings (%)			
Strongly Agree	20	20	21
Somewhat Agree	18	17	21
Neither Agree nor Disagree	16	17	12
Somewhat Disagree	12	11	15
Strongly Disagree	27	30	19
Don't Know	7	4	12

Source: New Jersey WorkAbility Survey.

Notes: N All Respondents = 432, N Current Enrollees = 324, N Former Enrollees = 96.

CHAPTER 10

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Our evaluation of the operation and impact of the NJ WorkAbility program has involved data from many sources: a survey of current and former enrollees; administrative data from an enrollment database, Medicaid records, and state wage records; focus groups; state-level Census Bureau data; and informal interviews with county and state officials. Using this methodology, we addressed the main objectives of this evaluation:

- To describe the characteristics of current and former enrollees in NJ WorkAbility;
 - To evaluate employment variables and earnings trends among NJ WorkAbility enrollees; and
- To answer specific policy questions regarding additional barriers to employment and willingness to pay for Medicaid coverage provided under NJ WorkAbility.

A complete summary of evaluation findings is provided below, followed by a series of recommendations for further action to promote and enhance the operation and effectiveness of NJ WorkAbility. While we can draw some conclusions about the effectiveness of NJ WorkAbility on promoting employment and earnings among working age persons with disability, there remain some unanswered questions. We did not have a comparison group of working age individuals with disabilities who were not enrolled in the program, nor did we have valid information for individuals at the time of enrollment. This information could have allowed us to better quantify the impact of NJ WorkAbility on employment outcomes. Other questions, such as whether this program helps individuals move off disability benefits, would be best served through analysis of longitudinal data.

EVALUATION FINDINGS

PROGRAM IMPLEMENTATION

New Jersey was successful in attracting one of its targeted populations, SSDI beneficiaries, into NJ WorkAbility. More than seven out of ten (72%) survey respondents were SSDI recipients.

New Jersey was also successful in extending Medicaid coverage to many working age persons with disabilities in New Jersey. Almost one half of the survey respondents (46%) were not enrolled in Medicaid prior to their enrollment in NJ WorkAbility.

Survey respondents and focus group participants, for the most part, experienced little difficulty enrolling in NJ WorkAbility, and their program experiences (such as ease of enrollment and use of the program hotline) were generally positive. Early program difficulties involving insufficient knowledge about the program among Medicaid case workers appear to have been addressed and largely resolved.

Focus group respondents voiced the need for continued outreach to raise awareness about NJ WorkAbility within the working age disability community. Special efforts may be needed to reach persons with disabilities who do not receive cash benefits, as well as potential program eligibles in the Hispanic community.

Few individuals cycle on and off the program. Once off, former enrollees generally stay off.

EMPLOYMENT AND EARNINGS

Almost three out of four (73%) NJ WorkAbility survey respondents were employed. Of those employed, most respondents (82%) worked part-time, averaging 21 hours per week. Only one out of eight respondents held a full-time job. Survey respondents were less likely to be employed compared to the general working age population in New Jersey, but more likely to be working compared to New Jersey's working age disability population or to the non-TANF Medicaid population in New Jersey.

NJ WorkAbility survey respondents who were working were clustered in lower-wage jobs. They worked primarily in four major occupations (service, sales, office and administration, and professional occupations) and were over-represented in the sales and service occupations, compared to the general working-age population, and underrepresented in management and professional jobs. More than three out of four (76%) NJ WorkAbility respondents were employed in the following four industries: wholesale and retail trade, education and health services (including sheltered and vocational workshops), leisure and hospitality, services, and other services. In contrast, employed individuals in our CPS-based comparison populations were more broadly dispersed across major industries. Manufacturing and financial sector jobs were nearly non-existent among NJ WorkAbility survey respondents.

The majority (57%) of survey respondents who were working had held their job for more than two years. More than one out of four respondents (29%) returned to work in the past year; almost half of these respondents (47%) reported that NJ WorkAbility influenced their decision to return to work. Sixteen percent of respondents had increased their work hours over the past year, while 33% reported a decrease in work hours. Forty-one percent of those who increased their hours did so in response to NJ WorkAbility, while 24% of those who decreased their work time attributed this decision to their participation in NJ WorkAbility.

While 26% of our survey respondents were not employed at the time of the survey, just over half of these respondents (51%) reported that they were looking for work. Those who were not seeking employment most frequently cited poor health or their disability as the reason.

Using state wage records, employment for this sample increased before enrollment and then declined to near pre-enrollment levels. However, those who stay with the program or who were employed at the time of the survey maintained employment at rates similar to that observed at the time of enrollment.

Working respondents earned an average of \$824 per month; persons who either worked full-time or did not receive disability benefits had higher average monthly earnings. Earnings for NJ WorkAbility enrollees were less than those reported for New Jersey's general, disability and non-TANF Medicaid populations. While this is explained in part by the predominance of part-time employment among working NJ WorkAbility survey respondents compared to our CPS-based comparison groups, even enrollees working full-time made less than the average amounts for New Jersey residents.

Individuals who did not receive disability benefits or who worked full-time had the highest rates of earnings and increases in earnings, as observed in the state wage records. Disability cash (SSDI or SSI) beneficiaries had no increase in earnings either before or after NJ WorkAbility enrollment, nor did part-time workers.

Two out of five employed survey respondents received an accommodation at their worksite, and one in five received on-the-job assistance. The majority of respondents reporting an accommodation had a change in their work hours, increased flexibility in hours or days worked, or an ability to take time off to accommodate health care or other health or disability-related needs.

QUALITY OF LIFE AND OTHER PROGRAM IMPACTS

Receipt of Medicaid coverage under NJ WorkAbility, alone or in conjunction with earnings from employment, helped to ease financial stress for many enrollees. Anxiety about meeting medical expenses was reduced and, for at least some enrollees, the increased discretionary income was available to them from reduced out-of-pocket health care outlays and/or increased income from earnings.

Survey respondents tended to report that they also had more time after they enrolled in NJ WorkAbility to take care of their personal needs or to pursue other activities. At least some of this increase in discretionary time resulted from conscious decisions to reduce work effort due to enrollment in NJ WorkAbility.

We found little evidence that the more generous resource limits allowed under NJ WorkAbility had enabled or encouraged greater asset accumulation among our survey respondents. Enrollees may not have been working long enough under this program to have a significant increase in their assets. The relatively low earnings reported by employed NJ WorkAbility survey respondents, most of whom only work part-time, would also hinder asset accumulation.

HEALTH COVERAGE AND MEDICAID EXPENDITURES

Most survey respondents reported that they had health insurance coverage from at least one source; this was typically through Medicaid. Three-quarters of our survey respondents also report that they were covered under Medicare as well. A very small number (1%) of our survey respondents (all of whom were former enrollees) did not have any health coverage when they were surveyed.

We observed an increase in per person per month Medicaid expenditures over time, from \$578 in 2001 to \$815 in 2003; these include both fee-for-service paid claims and capitation payments. Pharmaceutical expenses made up the bulk of expenditures.

WILLINGNESS TO PAY FOR NJ WORKABILITY

Survey responses to probes regarding the value that NJ WorkAbility enrollees place on their Medicaid health coverage, measured as their willingness to pay for this coverage, were sparse and may overstate the true willingness to pay for this coverage.

Despite the fact that they were currently not paying any premiums for their Medicaid coverage, many NJ WorkAbility survey respondents told us that they were willing to pay at least some amount each month for their coverage. Thirty percent of eligible respondents (those with household incomes greater than \$20,000) who were able to answer our willingness to pay questions told us that they would definitely or probably pay as much as \$175 per month for the Medicaid coverage that they receive under NJ WorkAbility. Only 12%, however, responded that they would definitely pay this amount.

Willingness to pay increased as the quoted monthly premium declined. Just over six out of ten eligible respondents (61%) told us that they probably or definitely would be willing to pay \$50 per month for their Medicaid coverage. Finally, more than one quarter (28%) of eligible respondents (those with annual household income exceeding \$20,000) told us that they would not be willing to pay even as little as \$50 per month for their Medicaid coverage under NJ WorkAbility.

RECOMMENDATIONS

Based on these evaluation findings, we have developed a series of recommendations regarding NJ WorkAbility.

1. THE NEW JERSEY DIVISION OF DISABILITY SERVICES (DDS) SHOULD CONTINUE TO EXPAND UPON EFFORTS TO PUBLICIZE NJ WORKABILITY, PARTICULARLY TO THE HISPANIC COMMUNITY AND TO THOSE WORKING AGE PERSONS WITH DISABILITIES WHO ARE NOT SSDI BENEFICIARIES.

DDS's prior outreach efforts have been very successful in reaching one of its targeted populations, SSDI recipients. NJ WorkAbility enrollees were generally very grateful for the ability to work at a level that accommodated their disability without worrying about losing their health care coverage. The guarantee of health care coverage while employed, even at a part-time level, relieved financial stress and added to their quality of life.

Based on their own experiences with NJ WorkAbility, focus group participants were almost unanimous in their feeling that more consumer outreach was needed to ensure that all potential

program enrollees were informed about NJ WorkAbility. While efforts to reach the broader community of working age persons with disabilities should continue, there are two specific subgroups who may require special attention.

Our evaluation data indicated that persons of Hispanic origin were underrepresented in NJ WorkAbility, compared with their representation in New Jersey's disability population. It may well be that persons with disabilities within the Hispanic community face greater barriers to employment than other persons with disabilities, and that this limits their ability to obtain employment and qualify for coverage under NJ WorkAbility. It is also possible that awareness of this program and the opportunities that it affords for persons with disabilities have not penetrated into this community as completely as it has elsewhere. DDS should take steps to determine how persons with disabilities in the Hispanic community can better benefit from NJ WorkAbility.

Persons with disabilities who are not SSDI beneficiaries also appear to be underrepresented in the NJ WorkAbility population. Unlike SSDI beneficiaries, who face a complete loss in their cash benefits if their earnings exceed a pre-determined level of substantive gainful activity (set at \$810 monthly in 2004), these individuals can potentially increase their work efforts to full-time levels, health and/or disability permitting. The guarantee of health coverage under NJ WorkAbility appears to stimulate employment and earnings for this group of individuals.

2. THE NEW JERSEY DIVISION OF DISABILITY SERVICES SHOULD DISSEMINATE INFORMATION TO NJ WORKABILITY ENROLLEES ON THE AVAILABILITY OF BENEFITS COUNSELING SERVICES AND VOCATIONAL SERVICES.

Currently, there is considerable confusion among SSDI and SSI beneficiaries who are enrolled in NJ WorkAbility about the rules that govern their SSDI or SSI beneficiary status and receipt of cash benefits, and their ability to work and earn without jeopardizing their safety net. Fear of losing cash benefits and health care coverage, as well as subsidized housing, food stamps, or other benefits, poses a significant barrier to self-sufficiency through employment for this population. A better awareness of the work incentives and opportunities available to them through SSDI or SSI may allay some of these fears and should help these individuals make better-informed employment decisions.

Federally-funded benefits counseling services are available to New Jersey residents with disabilities who have questions about possible impacts of employment-related decisions on their cash benefits or health coverage. Our sense, however, is that many NJ WorkAbility enrollees were unaware of these services. We recommend that DDS provide NJ WorkAbility enrollees with information about benefits counseling services available to them through the federally funded NJ Work Incentives Network (NJWINS) and other sources. An explanation of benefits counseling services and contact information for these services could also be distributed to NJ WorkAbility enrollees either by county-based Medicaid staff as they process applications and eligibility re-determinations or through a mailing by DDS upon enrollment.

As well, it may be unrealistic to assume that providing health coverage and de-linking it from both employment and disability benefits will lead to better employment outcomes (as measured by hours worked, wages and earnings, and movement off disability benefit rolls). Because persons with

disabilities have multiple barriers to employment beyond their health care needs, it may be advantageous for them to at least be aware of local vocational counseling and rehabilitation opportunities. Our survey results suggested that many individuals who either want to return to work or want to increase the amount of hours that they work perceived the need for additional vocational supports. The provision of vocational information by DDS could facilitate the employment opportunities for some individuals.

3. INFORMATION ABOUT THE VARIOUS MEDICAID PROGRAMS IN NEW JERSEY SHOULD BE AVAILABLE TO NJ WORKABILITY ENROLLEES.

NJ WorkAbility enrollees may need to make decisions about obtaining health care coverage through Medicaid for their families; when faced with unemployment and termination of their eligibility for Medicaid, they may also want to know about possible coverage under other Medicaid programs. Making decisions under these scenarios requires some very basic information about the types of coverage that they can obtain under NJ Cares, New Jersey's Medically Needy program, or other Medicaid options as well as the income and asset restrictions applicable to these options. However, basic information on Medicaid program options and eligibility criteria is not readily available to many NJ WorkAbility enrollees.

The income and resource eligibility rules that govern the various Medicaid options are, admittedly, quite complex. Medicaid caseworkers may not be able to take extra time with individuals who want to know more about Medicaid. However, at least some NJ WorkAbility enrollees wanted this information to enable them to make important employment and health-coverage decisions and were frustrated by the lack of accessible information. We suggest that DMAHS prepare a brief (and admittedly simplified) summary of the various available Medicaid options and their corresponding eligibility criteria (both financial and non-financial) for distribution to Medicaid enrollees or prospective enrollees upon request.

In addition to general confusion or interest in Medicaid programs, requirements, and restrictions, our focus group data indicated that individuals were also unaware of the program parameters of NJ WorkAbility. DDS should send out, at enrollment and at regular intervals, information to enrollees about NJ WorkAbility and its earnings and asset limits.

4. THE NEW JERSEY DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES (DMAHS) SHOULD ACTIVELY DISCOURAGE THE USE OF THE TERM "TICKET TO WORK" PROGRAM BY ITS STAFF AND BY COUNTY-BASED MEDICAID OFFICES AND STANDARDIZE THE USE OF THE PROPER PROGRAM NAME, NJ WORKABILITY.

This may seem like a very minor point, as it is not unusual for staff or program participants to use various names when referring to the same program. However, the use of the term "Ticket to Work" to refer to NJ WorkAbility, reflecting its authorizing federal legislation, is particularly unfortunate, given the very different nature of the training, counseling and other rehabilitation services authorized by the federal Ticket to Work legislation. Survey respondents and focus group participants who thought of their Medicaid coverage as the "Ticket to Work" program were sometimes confused

about whether our questions or discussions referred to their Medicaid coverage or to the employment training and supports that they were receiving under the Ticket to Work program operated by the Social Security Administration. This confusion extends into some Medicaid offices, where caseworkers use the term “Ticket to Work” and may not immediately recognize or respond to a question from an actual or potential program enrollee who uses the term “NJ WorkAbility” to reference this program. Standardizing the program name over all county Medicaid offices (and dropping the “Ticket to Work” moniker) would improve caseworker-client communications and help to eliminate some of the confusion surrounding NJ WorkAbility among current and prospective program enrollees.

5. THE NEW JERSEY DIVISION OF DISABILITY SERVICES SHOULD PROVIDE MORE OUTREACH TO MANUFACTURING, FINANCIAL, AND PROFESSIONAL SECTORS TO EMPLOY PERSONS WITH DISABILITIES.

Our analysis of employment among NJ WorkAbility participants and the general statistics on employment among persons with disabilities in New Jersey indicated a strong clustering of these individuals in a relatively few (and generally lower-wage) industries and occupations. While some of this clustering may result from the limitations that various disabilities and medical conditions place on occupational choices, differences in employer attitudes toward and experiences in dealing with employees with disabilities across various industries and occupational groupings may also play a role here. In particular, the provision of accommodations may be an issue. DDS should enhance its efforts to reach out to New Jersey employers in those business sectors and occupations where persons with disabilities are under-represented.

6. THE NEW JERSEY DIVISION OF DISABILITY SERVICES SHOULD PROVIDE OUTREACH TO FORMER ENROLLEES.

The majority of former enrollees stated that they had left NJ WorkAbility because they no longer met the eligibility requirements of the program in that they were not employed. Yet half of former enrollees reported that they were working. Moreover, we found only a few individuals in the Medicaid records who had left NJ WorkAbility and then returned to it. One reason for these findings may be that enrollees were not familiar enough with the program to understand that by working after leaving the program, they were again eligible. Dissemination of program information, as suggested in recommendation 3 above, may alleviate this problem. Outreach to former enrollees by DDS, in the form of a letter explaining the eligibility requirements of the program, may also increase the number of individuals who leave and return.

7. FUTURE RESEARCH

Our evaluation findings suggest several avenues for future research. A follow up survey following this same sample could allow us to examine the changes in employment over time. However, it may be more beneficial to focus on specific sub-populations. For example, persons who were unemployed had a dramatic decline in employment and earnings relatively quickly after enrollment. Additional research could determine the cause of that decline and identify supports for prevention. A closer look at former enrollees could determine why they were no longer enrolled and gauge their awareness of

program requirements. Further analyses of earnings records that were linked with Medicaid records could explore the dynamics between medical care expenditures and the patterns of work and earnings for this population. Earnings records could also be used to profile enrollees who were found to have a dramatic increase or decrease in their earnings before and after enrollment. Finally, we did find a few individuals who reported previous receipt of cash disability benefits. A qualitative study on these former beneficiaries could provide insight into their experiences with employment and whether NJ WorkAbility was integral in their moving off benefits.

APPENDIX A

NJ WorkAbility Telephone Questionnaire

RESP. # _____

INTERVIEWER: _____

DATE: _____ TIME BEGAN: _____ TIME ENDED: _____

TELEPHONE NUMBER: _____

Hello, I'm [NAME OF INTERVIEWER] calling on behalf of the Program for Disability Research at Rutgers University. We are asking you to participate in an important study about the New Jersey WorkAbility program. The findings from this study will help researchers, policy analysts, and state officials make decisions about the program and the services persons with disabilities need. It will take about 25 minutes of your time. Any information that you provide is strictly confidential. No one other than a few Rutgers researchers will have access to your specific answers. We will report survey results in a general summary form only. There is virtually no risk to you. Your participation is voluntary, and you may end your participation at any time during the interview. If you participate in the full interview, we will send you a check for \$15 as a token of our appreciation for your time and cooperation. If you have any questions, you may contact Todd Honeycutt of Rutgers University at 732.932.4167. Do you agree to participate?

[IF NEEDED:] Your name was selected because you are identified as a current or prior recipient of Medicaid benefits through the New Jersey WorkAbility program (sometimes known as the Medicaid Buy-in program or the Ticket to Work program). All of your answers will be strictly confidential.

1. Did you know that you were enrolled in WorkAbility, sometimes known as the Medicaid Buy-in program or the Ticket to Work program?
 1. Yes (Go to Q. 1.b1)
 2. No (Go to Q. 1.a)
 8. Don't know (Go to Q. 1.a)
 9. Refused (Go to Q. 1.a)
- 1.a WorkAbility allows individuals with disabilities who work to obtain health coverage from Medicaid, as long as their earnings do not exceed a pre-determined limit. According to program files from the New Jersey Division for Disability Services, you are a current or former client of this program. Does this sound familiar to you?
 1. Yes
 2. No (Go to Q. 2)
 8. Don't know (Go to Q. 2)
 9. Refused (Go to Q. 2)
- 1.b1 For the purposes of this interview, how would you prefer to refer to the WorkAbility program? (READ LIST)
 1. WorkAbility
 2. Ticket to Work
 3. Medicaid Buy-In-Program
- 1.b Are you currently enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
 1. Yes
 2. No
 8. Don't know
 9. Refused

- 1.c When did you **first** enroll in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)? **[IF NEEDED: Your best estimate is fine.]**
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)

If answer to Q1b is “1”, “8”, or “9”, go to Q. 2

- 1.d When did you leave (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)? **[IF NEEDED: Your best estimate is fine.]**
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)
- 1.e Why did you leave? (Record verbatim response)
2. I'd like to ask you some questions about yourself. How old are you?
 Record respondent's age
 97. 97 and older
 98. Don't know
 99. Refused
- 2.a Record respondent's gender. (Ask if necessary)
 1. Male
 2. Female
3. What county do you live in? (Do not read)
- | | | |
|---------------|---------------|------------------|
| 1. Atlantic | 9. Hudson | 17. Salem |
| 2. Bergen | 10. Hunterdon | 18. Somerset |
| 3. Burlington | 11. Mercer | 19. Sussex |
| 4. Camden | 12. Middlesex | 20. Union |
| 5. Cape May | 13. Monmouth | 21. Warren |
| 6. Cumberland | 14. Morris | 22. Out of state |
| 7. Essex | 15. Ocean | 98. Don't Know |
| 8. Gloucester | 16. Passaic | 99. Refused |

If Answer to Q. 1.a is “2”, “8”, or “9”, go to Q. 8

KNOWLEDGE OF/EXPERIENCE WITH NJ (WORKABILITY/TICKET TO RIDE/MEDICAID BUY-IN-PROGRAM)

4. How did you **first** hear about (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)? (Single response. Don't read responses)
 1. County Board of Social Services
 2. NJWINS (New Jersey Work Incentive Network Support) /Benefit Planning and Outreach Counselor
 3. One-Stop Center
 4. Another (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) participant
 5. At a public presentation given by the NJ Division of Disability Services/NJ Department of Human Services
 6. Other (specify) _____
 8. Don't know
 9. Refused
5. Did you first contact the program through the toll-free hotline, your County Board of Social Services, or something else? (Single response)

1. Toll-free hotline.
 2. County Board of Social Services.
 3. Other
 8. Don't know
 9. Refused
6. When you enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), did you already have Medicaid health coverage?
1. Yes
 2. No
 8. Don't know
 9. Refused
7. I am going to read a series of statements about (WorkAbility/Ticket to Work/Medicaid Buy-In-Program). Please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with each statement:
(CATI: RANDOMIZE 7.a-7.e)
(Use past tense in parentheses for those persons not currently enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), i.e., who answered "2" to Q. 1.c).
- 7.a Enrolling in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) was easy.
1. Strongly agree
 2. Somewhat Agree
 3. Neither agree nor disagree
 4. Somewhat Disagree
 5. Strongly disagree
 8. Don't know
 9. Refused
- 7.b When I call(ed) the (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) toll-free hotline, I receive(d) accurate information about this program.
1. Strongly agree
 2. Somewhat Agree
 3. Neither agree nor disagree
 4. Somewhat Disagree
 5. Strongly disagree
 6. Not applicable/did not call hotline.
 8. Don't know
 9. Refused
- 7.c When I call(ed) the (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) toll-free hotline with a problem, I receive(d) prompt assistance.
1. Strongly agree
 2. Somewhat Agree
 3. Neither agree nor disagree
 4. Somewhat Disagree
 5. Strongly disagree
 6. Not applicable/did not call hotline.
 8. Don't know
 9. Refused
- 7.d If I have (had) a question about (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), I know (knew) who to ask
1. Strongly agree
 2. Somewhat Agree
 3. Neither agree nor disagree

4. Somewhat Disagree
 5. Strongly disagree
 8. Don't know
 9. Refused
- 7.e When I call(ed) the County Board of Social Services with a question or problem, I receive(d) prompt assistance
1. Strongly agree
 2. Somewhat Agree
 3. Neither agree nor disagree
 4. Somewhat Disagree
 5. Strongly disagree
 6. Not applicable/never called Board of Social Services
 8. Don't know
 9. Refused
8. Now I would like to ask you about benefits that you may be receiving or have received from the state or federal government. Have you ever received disability benefits from the Social Security Administration, also known as Social Security Disability Insurance or SSDI? *(Note to interviewer: If the respondent is unsure, ask when the check is received/deposited. You can also ask about the color of the check if they do not use direct deposit. SSDI check is blue/green and is received/deposited sometime during the second, third, or fourth week of the month.)*
1. Yes
 2. No (Go to Q. 9)
 8. Don't know (Go to Q. 9)
 9. Refused (Go to Q. 9)
- 8.a Can you tell me the month and year when you began to receive this benefit? **[IF NEEDED: Your best estimate is fine.]**
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)
- 8.b Do you still receive these disability benefits?
1. Yes (Go to Q. 9)
 2. No
 8. Don't know (Go to Q. 9)
 9. Refused (Go to Q. 9)
- 8.c Can you tell me the month and year when you stopped receiving these disability benefits? **[IF NEEDED: Your best estimate is fine.]**
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)
9. Have you ever received Supplemental Security Income payments from the state or federal government? *(Note to interviewer: the SSI check is gold and is generally received/deposited on or about the first week of each month.)*
1. Yes
 2. No (Go to Q. 10)
 8. Don't know (Go to Q. 10)
 9. Refused (Go to Q. 10)
- 9.a Can you tell me the month and year when you began to receive Supplemental Security Income? **[IF NEEDED: Your best estimate is fine.]**
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)

- 9.b Do you still receive Supplemental Security Income?
1. Yes (Go to Q. 10)
 2. No
 8. Don't know (Go to Q. 10)
 9. Refused (Go to Q. 10)
- 9.c Can you tell me the month and year when you stopped receiving Supplemental Security Income?
[IF NEEDED: Your best estimate is fine.]
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)

HEALTH AND DISABILITY STATUS

10. Now we would like to ask some questions about your health and any disabling medical conditions. What do you consider to be your primary disabling condition? **(IF NEEDED: What types of impairments or health conditions affect your ability to work or to perform routine daily activities?)**
 (Record verbatim response):_____

If no condition or disability identified in the answer to Q. 10 and answer to Q. 1 or Q. 1.a is "1", ask Q. 10.a. Else skip to Q11.

- 10.a To receive Medicaid coverage under (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), you must have a medical condition that is disabling. What disabling medical condition do you have? (Record verbatim response.)

If no condition or disability identified in Q. 10.a, skip to Q. 12.

11. Because of your condition, do you use the help of another person to perform any of the following tasks: eating, dressing, or personal hygiene, getting around inside or outside your residence, housework, meal preparation, making decisions, managing finances, or communicating with others?
1. Yes
 2. No
 8. Don't know
 9. Refused
12. Would you say that your general health is:
1. Excellent
 2. Very Good
 3. Good
 4. Fair
 5. Poor
 8. Don't Know
 9. Refused

EMPLOYMENT STATUS AND EARNINGS

Now we would like to talk about your current employment status.

13. Are you employed full time, part time, or not at all?
1. Employed full time (Go to Q. 19)
 2. Employed part time (Go to Q. 19)
 3. Not employed
 8. Don't know
 9. Refused

14. Are you looking for work?
 1. Yes (Go to Question 16)
 2. No
 8. Don't know (Go to Question 16)
 9. Refused (Go to Question 16)
15. Why are you not looking for work? (Do not read list. Multiple response...record up to three responses).
 1. Can't find work.
 2. Ill health or disability
 3. Might lose health care coverage under Medicaid or Medicare
 4. Might lose SSDI or SSI benefits
 5. Don't want to work.
 6. Already have a job (Go to Q. 19)
 7. Other (specify)
 8. Don't know
 9. Refused
16. What services, supports, or accommodations would you need to help you get or keep a job? (Record verbatim response).
17. When did you leave your last job? [**IF NEEDED:** Your best estimate is fine.]
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)
18. Why did you leave your last job? (Record verbatim response)

Go to Instruction C

19. Are you self-employed?
 1. Yes
 2. No
 8. Don't know
 9. Refused
20. How many hours per week do you USUALLY work at your job? (If more than one job: We are only interested in your main job, that is, the job at which you usually work the most hours.) [**IF NEEDED:** Your best estimate is fine.]

ENTER NUMBER OF HOURS

<0097> Hours each week

<V> Hours vary each week (Probe for usual hours)

98. Don't know

99. Refused

If Question 20 indicates a full time job (35 hours or more per week), go to Question 24.

21. Do you want to work at a full-time job (35 or more hours per week)?
 1. Yes (Go to Q. 23)
 2. No
 8. Don't know (Go to Q. 23)
 9. Refused (Go to Q. 23)
22. Why do you prefer to work part time? (Record verbatim response.)

Go to Question 24

23. What services, supports or accommodations would you need to help you to move from part-time to full-time work? (Record verbatim response.)

24. How long have you worked at your (main) job? [**IF NEEDED:** Your best estimate is fine.]
 Month (01 through 12; 98 for don't know, 99 for refused)
 Year (9998 for don't know; 9999 for refused)

25. What type of BUSINESS do you work for (in your main job)?
[FOR EXAMPLE: A FOOD STORE, SCHOOL, RESTAURANT, AUTO REPAIR SHOP, ETC.]

26. What kind of work do you do (in your main job)?
[FOR EXAMPLE: TEACHER, CASHIER, SECRETARY, SECURITY GUARD, ETC.]

27. For your (main) job, what is the easiest way for you to report your total earnings BEFORE taxes or other deductions: hourly, weekly, annually, or on some other basis?

[IF NEEDED: We use this information to compare the amount that people earn in different types of jobs.]

INSTRUCTION: If respondent finds this question difficult to understand or answer, go to Q. 27.a. and Q. 27.b. Otherwise, record answer to Q. 27 and go to Q. 28

1. Hourly
2. Weekly
3. Biweekly
4. Twice monthly
5. Monthly
6. Annually
8. Other (specify)
9. Don't know
10. Refused
11. (VOL) Respondent doesn't understand (Go to 27a)

Go to Question 28

27.a How much do you earn at your (main) job?
 Amount paid
 <99999.97> \$99999.97 or more
 <99999.98> Don't know. (Go to Question 29)
 <99999.99> Refused (Go to Question 29)

27.b Is that per hour, per day, per week, per month, or per year?

1. Hour
2. Day
3. Week
4. Month
5. Year
6. Other (specify)
8. Don't know
9. Refused

Go To Question 29

28. Including overtime pay, tips and commissions, what is your (hourly/weekly/Biweekly/ Twice monthly/monthly/annual/other) rate of pay on your (MAIN) job? [**IF NEEDED:** Your best estimate is fine.]

ENTER AMOUNT :

<99997.97>

<99998.98> Don't know

<99999.99> Refused

<V> Varies (Probe for usual amount/estimate)

Now I am going to ask some questions about accommodations, and other employment related services that you might be receiving from your employer. (If more than one job: All of these questions refer to your main job or employer).

29. Some people with disabilities need special equipment or furniture, flexible hours, or other changes in their work place so that they can do their job. Did your current employer make a change or modification to your workspace, work schedule, work tasks or responsibilities, provide adaptive work equipment or make other changes because of your disability?
 1. Yes
 2. No (Go to Q. 31)
 8. Don't know (Go to Q. 31)
 9. Refused (Go to Q. 31)
30. What was the change or modification your employer made? (Record verbatim response)
31. Because of your disability, do you receive any assistance or help with your job at your workplace?
 1. Yes
 2. No (Go to Instruction A)
 8. Don't know (Go to Instruction A)
 9. Refused (Go to Instruction A)
 - 31.a What do you receive assistance with? (Record verbatim response)
 - 31.b Who provides this assistance to you? (Do not read. Multiple response possible)
 1. A co-worker
 2. A family member
 3. A friend
 4. A job coach
 5. A paid personal attendant
 6. A service animal
 7. Other (specify) [If name of person mentioned, e.g., "Mary", probe for relationship or job title]
 8. Don't know
 9. Refused
 - 31.c Is this paid or unpaid assistance? (Single response)
 1. Paid
 2. Unpaid
 3. Both
 8. Don't know
 9. Refused

If answer to Q.31.c is "1" or "3", go to Q. 31.d. Else, go to Q 31.e

- 31.d Who pays for this assistance? (Do not read. Multiple response possible)
 1. My employer
 2. Medicaid
 3. Self-paid
 4. Other (specify)

- 8. Don't know
- 9. Refused

31.e How many hours of assistance **per week** do you receive at work?
 <97> 97 or more
 <98> Don't know
 <99> Refused

31.f How essential is this assistance at home in helping you keep your job?. Please rate using a scale from 1 to 5, where 5 means essential and 1 means not at all essential.

Instruction A: If answer to Q. 11 is '2', '8', or '9', go to Q. 33

32. Earlier, you indicated that you receive assistance at home with certain types of tasks, such as dressing, getting around inside or outside the home, or making decisions. Is that correct?

- 1. Yes
- 2. No (Go to Q. 33)
- 8. Don't Know (Go to Q. 33)
- 9. Refused (Go to Q. 33)

32.a How essential is this assistance in helping you to keep your job? Please rate using a scale from 1 to 5, where 5 means essential and 1 means not at all essential.

33. How do you typically get to work? Do you: (Single response only)

- 1. Drive your own vehicle?
- 2. Take a cab?
- 3. Ride to work in a car driven by someone else?
- 4. Use public transportation?
- 5. Use NJ AccessLink?
- 6. Use county paratransit services?
- 7. Walk?
- 8. Work at home/telecommute?
- 9. Something else (specify)
- 98. Don't know
- 99. Refused

WORK HISTORY

Go to Instruction B if answer to Q 1.a is "2", "8", or "9".

34. Now we would like to ask you a few questions about your prior work experience. Have you always worked for the same employer since you first enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?

- 1. Yes (Go to Instruction B)
- 2. No
- 8. Don't know (Go to Instruction B)
- 9. Refused (Go to Instruction B)

35. How many times have you changed employers since you first enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
 Number of employer changes
 <98> Don't know
 <99> Refused

Instruction B: If Answer to Q. 1.a is “2”, “8”, or “9”, skip to Q. 37. If answer to Q. 1.b is “2”, “8” or “9”, skip to Question 37.

36. We want to understand any changes in your employment in the last year.
- 36.a At any time over the last 12 months, did you go back to work after not working for a while?
1. Yes
 2. No (Go to Q. 36.c)
 8. Don't know (Go to Q. 36.c)
 9. Refused (Go to Q. 36.c)
- 36.b Would you say that you went back to work because you enrolled or were able to enroll in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
1. Yes
 2. No
 8. Don't know
 9. Refused
- 36.c Over the last 12 months, did you change jobs?
1. Yes
 2. No (Go to Q. 36.e)
 8. Don't know (Go to Q. 36.e)
 9. Refused (Go to Q. 36.e)
- 36.d Would you say that you were able to change jobs because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
1. Yes
 2. No
 8. Don't know
 9. Refused
- 36.e Over the last 12 months, did you increase the number of hours that you usually work?
1. Yes
 2. No (Go to Q. 36.g)
 8. Don't know (Go to Q. 36.g)
 9. Refused (Go to Q. 36.g)
- 36.f Would you say that you were able to increase the number of hours that you work because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
1. Yes
 2. No
 8. Don't know
 9. Refused
- 36.g Over the last 12 months, did you decrease the number of hours that you usually work?
1. Yes
 2. No (Go to Q. 36.i)
 8. Don't know (Go to Q. 36.i)
 9. Refused (Go to Q. 36.i)
- 36.h Would you say that you were able to decrease the number of hours that you work because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
1. Yes
 2. No
 8. Don't know

9. Refused

36. i Over the last 12 months, did you receive a significant raise or promotion?

1. Yes
2. No (Go to Q. 38)
8. Don't know (Go to Q. 38)
9. Refused (Go to Q. 38)

36.j Would you say that you received this raise or promotion because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?

1. Yes
2. No
8. Don't know
9. Refused

Go to Q. 38.

37. We want to understand any changes in your employment in the last year.

37.a At any time over the last 12 months, did you go back to work after not working for a while?

1. Yes
2. No
8. Don't know
9. Refused

37.b Over the last 12 months, did you change jobs?

1. Yes
2. No
8. Don't know
9. Refused

37.c Over the last 12 months, did you increase the number of hours that you usually work?

1. Yes
2. No
8. Don't know
9. Refused

37.d Over the last 12 months, did you decrease the number of hours that you usually work?

1. Yes
2. No
8. Don't know
9. Refused

37.e Over the last 12 months, did you receive a significant raise or promotion?

1. Yes
2. No
8. Don't know
9. Refused

Instruction C: If Answer to Q. 1.a is "2", "8", or "9", go to Q. 39

38. Now I would like to ask some questions about other ways that (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) may have affected you. (Looking back to when you were enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program),) would you say that you Strongly Agree, Somewhat Agree, Neither

Agree nor Disagree, Somewhat Disagree, or Strongly Disagree with each of the following statements regarding (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?

Note: Use wording in parenthesis if no longer enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) (i.e. if answer to Q. 1.c is “2”)

1. Strongly agree
2. Somewhat Agree
3. Neither Agree nor Disagree
4. Somewhat Disagree
5. Strongly Disagree
8. Don't know
9. Refused

- 38.a Because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), I have (had) more money to spend on myself or on activities that I enjoy.
- 38.b Because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), I am (was) able to live in a better place.
- 38.c Because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), I have (had) more time to spend on my personal needs or on activities that I enjoy.
- 38.d Because of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), I am (was) able to bank more of my income as savings.

HEALTH INSURANCE/COVERAGE

39. Now we would like to ask about your **current** health-care coverage.

If answer to Q1.b is “2”, “8”, or “9”, skip to Q. 39.b. If answer to Q. 1.a is “2”, “8”, or “9”, skip to Q. 39.b

39. a Besides Medicaid, which of the following sources of health care coverage do you have? (Multiple response possible):
1. Medicare?
 2. Employer or Union-provided insurance? (**IF NEEDED:** Through your/your spouse's employer)
 3. Private health insurance that you or your family pay for.
 4. Some other health care coverage
 5. Does not have health coverage
 8. Don't know
 9. Refused

Go to Question 41

- 39.b Which of the following sources of health care coverage do you have? (Multiple response possible):
1. Medicaid?
 2. Medicare?
 3. Employer or Union-provided insurance? (**IF NEEDED:** through your/your spouse's employer)
 4. Private health insurance that you or your family pay for.
 5. Some other health care coverage
 6. Does not have health coverage
 8. Don't know
 9. Refused

SOCIOECONOMIC DATA

41. Are you now married, widowed, divorced, separated or never married?
1. Married
 2. Widowed (Go to Q. 44)
 3. Divorced (Go to Q. 44)
 4. Separated (Go to Q. 44)
 5. Never married (Go to Q. 44)
 6. (VOL) Living with life companion (Go to Q. 44)
 8. Don't know (Go to Q. 44)
 9. Refused (Go to Q. 44)
42. Does your spouse currently work for pay?
1. Yes
 2. No (Go to Q. 44)
 8. Don't know (Go to Q. 44)
 9. Refused (Go to Q. 44)
43. Is your spouse also currently enrolled in (WorkAbility/Ticket to Work/Medicaid Buy-In-Program)?
1. Yes
 2. No
 8. Don't know
 9. Refused
44. How many people live in your household?
- <97> 97 or more
<98> Don't know
<99> Refused
45. (CATI: ASK IF 44 > 1)
How many children under the age of 18 live in your household at the present time?
- <97>
<98> Don't know
<99> Refused
46. What is the highest level of school you have completed? (**IF NEEDED:** How far did you go in school?)
(Do not read list.)
1. Less than high school/no high school diploma
 2. High School Graduate/high school DIPLOMA or the equivalent (For example: GED)
 9. Trade School
 3. Some college but no degree
 4. Associate Degree (either academic or occupation/vocational/technical
 5. Bachelor's degree (For example: BA, AB, BS)
 6. Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 7. Doctorate or Professional School Degree (For example: Ph.D. EdD, MD, DDS, DVM, LLB, JD)
 8. Other (specify): _____
 98. Don't know
 99. Refused
47. Would you describe yourself as Hispanic or Latino(a)?
1. Yes
 2. No
 8. Don't know
 9. Refused

48. Do you consider your race to be White, Black, American Indian, Aleut or Eskimo, Asian or Pacific Islander or something else?
1. White
 2. Black
 3. American Indian, Aleut, or Eskimo
 4. Asian or Pacific Islander
 5. Other (specify)
 8. Don't know
 9. Refused
49. I am going to read a list of income categories. Please tell me which category represents the total combined annual income for you (all members of your household) combined? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received. Stop me when I reach your category. (Parentheses wording where answer to Q. 44 > 1).
- 49.a Is your total household income:
1. Under \$25,000 (Go to Instruction D)
 2. \$25,000 or over (Go to Instruction D)
 3. (VOL) Gave exact amount (GO TO A49a1)
 8. Don't Know (Go to Q. 50)
 9. Refused (Go to Q. 50)

INSTRUCTION D: If respondent volunteers an exact annual income (for example, "My income is \$30,000 per year"), insert in Q. 49a1. and go to Q. 50. Else, proceed with Q. 49.b if answer to Q. 49.a is "1". Proceed to Q. 49.c if answer to Q. 49.a is "2".

49.a1 Total annual household income
<999999.97>

(GO TO Q50)

- 49.b Is your total household income:
1. Less than \$5,000
 2. 5,000 to under 7,500
 3. 7,500 to under 10,000
 4. 10,000 to under 12,500
 5. 12,500 to under 15,000
 6. 15,000 to under 20,000
 7. 20,000 to under 25,000
 8. Don't know
 9. Refused

Go to Question 50

- 49c Is your total household income:
1. 25,000 to under 30,000
 2. 30,000 to under 35,000
 3. 35,000 to under 40,000
 4. 40,000 to under 50,000
 5. 50,000 to under 60,000
 6. 60,000 to under 75,000
 7. \$75,000 or more
 8. Don't know
 9. Refused

50. I am going to read a list of resource categories. Which category represents your total household resources. By resources we are talking about savings accounts, stocks, and bonds, CDs and real property such as vacation homes or cars. Please do **not** include the value of the house that you live in, the vehicle that you use to drive to work or to go to the doctor, clinic, or hospital, or your retirement funds in IRA or 401(K) accounts. Please stop me when I reach your category.
1. Less than \$5,000
 2. 5,000 to under 7,500
 3. 7,500 to under 10,000
 4. 10,000 to under 12,500
 5. 12,500 to under 15,000
 6. 15,000 to under 20,000
 7. 20,000 to under 25,000
 8. 25,000 to under 30,000
 9. \$30,000 or more.
 98. Don't know
 99. Refused

INSTRUCTION D. If respondent is not employed (if answer to Q. 13 is “3”, “8”, or “9”) skip to Q. 52. If household income is less than \$20,000 (response to Q 49a1 is less than \$20,000 or response to Q. 49.b is 1 through 6), skip to Q. 52
If answer to Q. 1.a is “2”, “8” or “9”, skip to Q. 52

VALUE OF MEDICAID COVERAGE

40. The next few questions are about how much someone like yourself might be willing to pay for the Medicaid coverage that you receive under (WorkAbility/Ticket to Work/Medicaid Buy-In-Program). You are not making a commitment to pay for this coverage; we only want to know how valuable this coverage is to you.
- 40.a How likely would you be to purchase the Medicaid health coverage that you receive(d) under (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) for yourself at a cost of \$175 per month. Would you definitely purchase it, probably, probably not, or definitely not purchase it? (Note: use past tense in parenthesis if answer to Q. 1.b is “2”).
1. Definitely purchase it (Go to Q. 500.f)
 2. Probably (Go to Q. 500.f)
 3. Probably not, or
 4. Definitely not purchase it?
 8. Not sure/don't know (Probe for best estimate)
 9. Refused
- 40.b How likely would you be to purchase it for \$150 per month. Would you definitely purchase it, probably, probably not, or definitely not purchase it?
1. Definitely purchase it (Go to Q. 500.f)
 2. Probably (Go to Q. 500.f)
 3. Probably not, or
 4. Definitely not purchase it?
 8. Not sure/don't know (Probe for best estimate)
 9. Refused
- 40.c How likely would you be to purchase it for \$100 per month. Would you definitely purchase it, probably, probably not, or definitely not purchase it?
1. Definitely purchase it (Go to Q. 500.f)
 2. Probably (Go to Q. 500.f)
 3. Probably not, or
 4. Definitely not purchase it?

- 8. Not sure/don't know (Probe for best estimate)
 - 9. Refused
- 40.d How likely would you be to purchase it for \$75 per month. Would you definitely purchase it, probably, probably not, or definitely not purchase it?
- 1. Definitely purchase it (Go to Q. 500.f)
 - 2. Probably (Go to Q. 500.f)
 - 3. Probably not, or
 - 4. Definitely not purchase it?
 - 8. Not sure/don't know (Probe for best estimate)
 - 9. Refused
- 40.e How likely would you be to purchase it for \$50 per month. Would you definitely purchase it, probably, probably not, or definitely not purchase it?
- 1. Definitely purchase it
 - 2. Probably
 - 3. Probably not, or
 - 4. Definitely not purchase it?
 - 8. Not sure/don't know (Probe for best estimate)
 - 9. Refused
- 40.f [DO NOT READ.] For interviewer use only. Record respondent comments and reactions to this line of questions.

Ask only for those who answered “1” to Question 1 or to Question 1.a

- Q51. Before we end, we would like to make one more request. We would like your permission to combine this information with other (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) program data to provide a more comprehensive analysis of the impact of this program on persons with disabilities. No information about you as an individual will be released. Only information for groups of people will be reported. May we access your program records?
- 1. Yes
 - 2. No
 - 8. Don't know
 - 9. Refused

[IF NEEDED: (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) program files would be accessed to ascertain program participation dates and eligibility. Records maintained by the NJ Department of Labor will provide information on employment history.]

Ask only for those who answered “1” to Question 1 or Question 1.a.

- Q52. The information that you have provided will be used to assess the effectiveness of (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) in helping people with disabilities to continue to work and improve their quality of life. Would you be willing to participate in a group meeting of program clients to talk about this program and how it has affected you?
- 1. Yes
 - 2. No
 - 8. Don't know
 - 9. Refused

IF YES: is this the best telephone number to reach you? [If not, obtain better contact information]

[IF NEEDED: You would attend a meeting of 6 to 8 current and former program participants to discuss your experiences with the process of applying for (WorkAbility/Ticket to Work/Medicaid Buy-In-Program), complying

with program rules, and the effect that this program has had in your life. The information obtained from this meeting would be used to help us interpret the data from the survey that you just completed.]

[IF NEEDED: Your privacy would be protected by the use of first names only at this meeting, and your participation in this meeting would not be revealed to anyone from (WorkAbility/Ticket to Work/Medicaid Buy-In-Program) or any other government agency. No comments made at the meeting will be released that could identify any individual who attended the meeting.]

Q53. So that we can send your check to the correct address, we would like to verify your address. Should we send your check to: (insert address)

1. Yes (thank and end interview)
2. No
8. Don't know
9. Refused

Q54. Where should we send your check?
Address

THAT COMPLETES OUR INTERVIEW! THANK YOU VERY MUCH FOR YOUR COOPERATION!

APPENDIX B

Focus Group Guide

Introductory remarks

My name is (focus group moderator) and I will be guiding tonight's discussion. We are here to talk about your participation in New Jersey WorkAbility and your experiences in working. Not all of you have had the same experiences. Some of you have been working and enrolled in NJ WorkAbility longer than others. Some of you work part-time, some of you work full-time, and some of you may be unemployed. You also have different reasons in how you came to be enrolled in New Jersey WorkAbility. But you all probably have some common experiences, as well. The information that you will be sharing will be used to help improve the NJ WorkAbility program and to identify other ways to improve employment prospects for people with disabilities.

During the next hour and a half, I will be asking you several questions, one at a time. I would like to give each of you an opportunity to respond to each of the questions. You may add to the comments of others in the group and discuss any comment or point made. The questions will be related to NJ WorkAbility and your employment. There are no right or wrong answers. Each of you is entitled to your opinion. I request that only one person talk at a time so there is no confusion and we can all hear each other.

Finally, before we start, I would like to tape record the session. Recording helps us to obtain accurate information when we review what you've said, and taking notes would be difficult while you are talking. Anything that you say will be held in confidence. The tapes will be available only to researchers at Rutgers University. Any quotes that appear in our report to the Department of Disability Services will be anonymous.

1. Why don't we start by going around the table and introducing ourselves. Please tell us your first name and where you are from.
2. Now I would like to hear from you about what it is like to get a job for people who have a disability. Is/was it hard for you to find a job. What problems do you have in looking for a job. What would help you to get a job?
3. How about keeping a job? Once you get a job, what difficulties or special needs do you have that make it difficult to continue to work? Given these needs, what supports or services help/would help you to keep a job?
4. Now I would like you to think back to the time when you first enrolled in NJ WorkAbility. Did you find it easy or difficult to enroll in NJ WorkAbility? Why/why not? What could have been done to make it easier?
5. Does (did) NJ WorkAbility make your life any better? In what ways? (*Probe for impacts on access to health care and utilization of health care, availability of more discretionary*

income because of impact on employment, possible impacts on lifestyle, housing choices, and anything else.)

6. Has the Medicaid health coverage that you receive under NJ WorkAbility made it easier for you to go to work or to stay at your job? Would you be working now if Medicaid coverage under NJ Workability was not available? How important is the availability of health care coverage to you when you decide whether to work or not, or how much you want to work. *(Moderator: try to determine relative importance of health care coverage through Medicaid as incentive to become or remain employed.)*
7. Many people who are enrolled in NJ WorkAbility work at part-time jobs. Based on your own experiences, if you are currently working part time, what would make it possible for you to work full time? *(Probe for specific types of supports or services, if possible.)*
8. A lot of people with disabilities often have self-sufficiency as one of their life goals. While they're grateful for the benefits they receive as the result of their disabilities, they also hope to someday be in a position to not need their disability benefits. What would you or a person like yourself need in order to be self-sufficient and in a position to not need their cash and health benefits. Does anyone here have experience trying? What worked for you? What didn't work and helped to prevent you from being self-sufficient?
9. What do you see as the best part of NJ WorkAbility? The worst part of NJ WorkAbility?
10. What is the most important message that you want to send to the people in charge of NJ WorkAbility?

Thank you all for coming out tonight and participating in this discussion. This has been a very valuable discussion.

APPENDIX C

CONFIDENCE INTERVALS FOR CPS AND NJ WORKABILITY ESTIMATES

Data from both the CPS and the NJ WorkAbility survey may vary from the “true” value due to sampling error. We can measure this error and gauge its impact on our estimates by the calculation and application of confidence intervals. Confidence intervals allow a comparison of estimated values between groups to see if these estimates are significantly different from each other. Where confidence intervals overlap, the values are not different from each other.

Table C.1 provides the 95% confidence intervals that can be applied to the tables in this report for which the base sample is the full sample. By full sample, we mean that the sample size represents everyone in the survey, not a subset. For instance, an examination of the employment status uses the entire sample, whereas variables specific only to persons who were unemployed reflects a subset of the full sample. With Table C.1, “percentage” is the actual statistic or proportion; the corresponding confidence interval should be added and subtracted to provide a range of the estimate of the value. For example, 12.4% of all WorkAbility respondents, 13.6% of current WorkAbility enrollees, and 10.4% of former WorkAbility enrollees worked full-time. The corresponding confidence interval for all respondents is therefore 12.4% +/- 2.6 ; that is, the estimated percentage of full-time employment among all survey respondents lies somewhere between 9.8% and 15.0%, with 12.4% as the midpoint. For current enrollees, the confidence interval is 13.6% +/- 3.3 (or between 10.3% and 16.9%); for former enrollees, it is 10.4% +/- 6.0 (between 4.4% and 16.4%).

Smaller sample sizes mean larger confidence intervals or more variability in our estimates. For example, the confidence intervals for groups with smaller sample sizes (in particular, former NJ WorkAbility enrollees and the disability and Medicaid CPS comparison groups) are two to four times that of either current enrollees or NJ residents, respectively. The CPS confidence intervals were calculated based on a three-year pooled standard error terms, which take into account the fact that individuals may be responding in more than one year. Some variables (race, ethnicity, industry, and occupation) were calculated using a two-year pooled sample because of changes in the CPS.

Where the sample size for a variable represents a subset of the comparison group (for instance, when we examine the reasons for not working among unemployed individuals) and a smaller sample size, the standard error and 95% confidence intervals may be much larger than those presented in Table C.1.

TABLE C.1**95% CONFIDENCE INTERVALS FOR PERCENTAGES, BY SURVEY AND COMPARISON GROUPS**

Percentage	<u>NJ WORKABILITY</u>			<u>CPS- POOLED 3 YEAR</u>			<u>CPS- POOLED 2 YEAR ^a</u>		
	Total Sample	Current Enrollees	Former Enrollees	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population	NJ Working Age Population	NJ Disability Population	NJ Medicaid Population
50	4.3	5.4	10.0	1.0	3.5	4.0	1.1	4.2	4.8
40/60	4.2	5.3	9.8	1.0	3.4	3.9	1.1	4.1	4.7
30/70	4.0	5.0	9.2	0.9	3.2	3.7	1.0	3.8	4.4
20/80	3.5	4.4	8.0	0.8	2.8	3.2	0.9	3.4	3.8
10/90	2.6	3.3	6.0	0.6	2.1	2.4	0.7	2.5	2.9

NOTE: THE CPS 2 YEAR POOLED DATA APPLIES ONLY TO RACE, ETHNICITY, INDUSTRY, & OCCUPATION VARIABLES.

APPENDIX D

TECHNICAL NOTE ON CONTINGENT VALUATION METHODS

Contingent valuation methods (CVM) have been widely used to assess the willingness to pay for public goods such as environmental amenities; more recently, they have been applied to health care and related issues in the context of program evaluation (cost benefit analyses) and for pricing studies (see Diener, O'Brien, and Gafni, 1998). Generally speaking, CVM introduces a hypothetical choice or scenario to a prospective consumer, who is then asked to indicate the monetary value that he/she would place on (or would be willing to pay for) the specified item, program, or service. The question may be an open-ended question ("How much would you be willing to pay for X?") or it may be a dichotomous choice question with a specified "price point" ("Would you be willing to pay \$Y for X?"). Dichotomous choice questions may be expanded or refined to obtain more precise information about purchase intentions, by eliciting information on the probability of making a purchase at a specified price. CVM methods have also been used to assess willingness to pay for health coverage in California (Yegian et al., 2000), in Massachusetts (Blendon et al., 1992) and in New Jersey (Cantor et al., 2001)

CVM has been criticized for its use of hypothetical situations to assess willingness to pay; the concern here is that consumer responses to hypothetical purchase situations may overstate the outcomes that we might observe if these same consumers were actually faced with a real purchase decision. Several studies have conducted laboratory or field experiments to compare hypothetical and real purchase outcomes within a contingent valuation framework; these studies have generally confirmed the presence of a "hypothetical" bias where the percentage of "yes" responses to a hypothetical choice exceeds the percentage of real "yes" responses for the same specified item (see Blumenschein, et al, 1998; Cummings and Taylor, 1999; Cumming et al., 1995, 1997; Johannesson et. al, 1998; and Loomis et al., 1997). Blumenschein et al. (1998) demonstrated that follow-up questions that identified "definitely sure" responses could be used to identify hypothetical responses that more closely approximated real yes responses.²⁵ Johannesson et al. (1999) demonstrated that hypothetical choice responses could be calibrated to real "yes" responses, using a calibration method that reflected individual certainty regarding their hypothetical response and the price of the item. Blumenschein et al. (2001) found further evidence that hypothetical responses characterized by subjects as "definitely sure" did approximate real purchase decisions for a defined health care service; Champ et al. (1997) reports similar results in an application in the public goods sector. Further evidence on the effectiveness of calibration methods to reduce hypothetical bias is also provided in Blumenschein et al. (2001).

²⁵ Johannesson et al. (1998) tested a similar proposition, but found that "definite yes" hypothetical responses significantly understated real yes responses.

APPENDIX E

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